



**School of Graduate Studies**  
*Louisiana State University Health Sciences Center*  
*Shreveport, Louisiana*

## APPLICATION FOR ADMISSION Ph.D. PROGRAM

*Please Type or Print*

Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle Initial*

Social Security No.: \_\_\_\_\_ U.S. Citizen?  Yes  No  Male  Female Veteran?  Yes  No

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City, State

**Note: The questions in this section are voluntary. Your response will not affect our consideration of your application for admission.**

Hispanic or Latino?  Yes  No

Check which apply:  American Indian/Alaska Native  Asian  African American  
 Native Hawaiian/Other Pacific Islander  Caucasian

When do you wish to enter?  Fall (July/August)  Spring (January)  Summer (May) Year: \_\_\_\_\_

Mailing Address @ School: \_\_\_\_\_  
Street City State / Country Zip Code

Permanent Address: \_\_\_\_\_  
Street City State / Country Zip Code

Preferred telephone contact \_\_\_\_\_ E-mail address \_\_\_\_\_

Have you received a degree from a College or University?  Yes  No **If Yes, list all colleges attended:**

	<i>Name of College</i>	<i>City &amp; State</i>	<i>Month &amp; Year</i>		<i>Degree</i>
1.	_____	_____	From _____ To _____	_____	_____
2.	_____	_____	From _____ To _____	_____	_____
3.	_____	_____	From _____ To _____	_____	_____
4.	_____	_____	From _____ To _____	_____	_____

What is your Major? \_\_\_\_\_ Degree sought \_\_\_\_\_

**What will be your LSUHSC department?**  Cell Biology  Biochemistry  Microbiology  Pharmacology  Physiology

Have you taken the Graduate Record Exam (GRE)?  Yes  No **If no, when do you plan to take it?** \_\_\_\_\_

**If yes, complete the following for each time the test was taken:**

<i>Date Taken</i>	<i>Verbal Score</i>	<i>% 'tile</i>	<i>Quantitative Score</i>	<i>% 'tile</i>	<i>Analytical Score</i>	<i>% 'tile</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

What is your overall grade point average (on a 4.0 point scale)?

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Have you ever been suspended for scholastic deficiency or disciplinary reasons from any college or university?

Yes  No **If yes, explain on a separate page.**

If you are an International Student and English is not your primary language, have you taken the Tests of English as a Foreign Language (TOEFL) or the (IELTS), International Education Language Testing Service?

Yes What was your score? \_\_\_\_\_  No When will you take it? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Briefly describe your current career goals and explain why you think going to graduate school will help you attain these goals. **Use an additional sheet if necessary.**

***CERTIFICATE***

I certify that to the best of my knowledge, the information given on this application is correct and complete. I understand that if it is later found out to be otherwise, my application may be rejected, or in the event that I am enrolled, I may be subject to dismissal from the University.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**In addition to this application form you are also required to provide official transcripts from all colleges and universities attended, official Graduate Record Examination Scores, official T.O.E.F.L. or IELTS scores (if applicable), letters of recommendation from two former or present professors.**

Dean, School of Graduate Studies  
Louisiana State University Health Sciences Center  
1501 Kings Highway  
Shreveport, Louisiana 71103