

APPLICATION FOR ADMISSION TO A GRADUATE DEGREE PROGRAM



The Graduate School
LOUISIANA STATE UNIVERSITY
114 David Boyd Hall
Baton Rouge, LA 70803

Apply online at www.gradschool.lsu.edu

Please type or PRINT. See instructions. Submit this form with all supporting documents and appropriate fee.

- A. Entry Semester (circle one): Fall Spring Summer B. Year: 20__
- C. Proposed degree program (circle one): Master's Master of Arts Master of Science Master of Education
Master of Fine Arts Education Specialist Doctoral

D. Proposed graduate major: _____ Area of concentration: _____

- E. ___ I have attended LSU as an undergraduate student (includes correspondence study).
___ I have attended LSU Graduate School (includes non-degree, extension or degree programs).
___ I have been dropped by the LSU Graduate School (academic drop).

BIOGRAPHICAL INFORMATION

1. Name: Last/Family: _____ First: _____ Middle: _____
2. Other names under which records and documents may be filed: _____
3. U.S. Social Security Number : _____
4. Sex: Male Female 5. Date of Birth (mo/day/yr): ___/___/___
6. Ethnic Background (Providing the following information is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.):
 Black, Non-Hispanic American Indian/Alaskan Native White, Non-Hispanic Asian
 Hispanic Native Hawaiian or other Pacific Islander
7. Home Address: _____
Street or P.O. Box

City State or Province Postal or zip code Country

8. Current Mailing Address: _____
Street or P.O. Box

City State or Province Postal or zip code Country

9. Mailing Address Valid Until (mo/day/yr): ___/___/___ 10. Telephone Number (area code/number): ___-___-____
11. Home Louisiana Parish: _____ 12. E-mail Address: _____
13. Country of Birth: _____ 14. Country of Citizenship: _____
15. Are you a permanent resident (Non-U.S. Citizens only)? Yes, Alien registration number: A _____
 No, Visa Type: _____
16. Do you wish to be considered for an assistantship or a fellowship? Yes No
Does your enrollment at LSU depend upon receiving such aid? Yes No
17. U.S. Military Service (U.S. citizens and permanent residents only):
Are you a veteran or are you currently serving in the armed forces? Yes No Dates (mo/yr) From ___/___ to ___/___
18. A. Have you ever been convicted, pled guilty, or are you presently charged by indictment or information with a crime (a felony) that may be punishable by imprisonment in a penitentiary? Yes No
B. Have you ever been committed to a correctional institution? Yes No
C. Have you ever been convicted of a sex offense? Yes No
D. Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons? Yes No
If yes, attach explanation on separate sheet giving name of institution, date, and reason for the action.

19. Provide employment or activities for the past five calendar years (do not include academic information, which is covered in #22).
- | | | |
|---|------------------------|-------------------------|
| Name of Employer (If none, state activity): | Location (City/State): | Dates (mo/yr): |
| _____ | _____ | From ___/___ to ___/___ |
| _____ | _____ | From ___/___ to ___/___ |
| _____ | _____ | From ___/___ to ___/___ |

20. How did you learn of the LSU Graduate School:
- | | | |
|---|--|--|
| <input type="checkbox"/> Alumni | <input type="checkbox"/> College Professor | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Graduate Fair | <input type="checkbox"/> Internet | <input type="checkbox"/> It was your undergraduate institution |
| <input type="checkbox"/> Other (Describe) _____ | | |

RESIDENCY

20. Residency (U.S. citizens and permanent residents only): Are you a resident of Louisiana? ___No ___Yes, since (mo/day/yr): ___/___/___
21. High School of Graduation: _____ Location (City/State): _____
- If you have previously resided in Louisiana, but are not currently residing in this state, please provide the following information on a separate piece of paper: (A) date you moved to Louisiana (mo/yr); (B) address and occupation while residing in Louisiana; (C) address and occupation since leaving Louisiana; (D) length of time at each address by month and year. If you or your spouse has recently re-located to LA for employment purposes, you may be eligible for LA state tuition. If you would like additional information about this, contact the Graduate School.

ACADEMIC INFORMATION

22. List ALL colleges or universities attended (including LSU) since high school, indicating campus attended. Include any college you are currently attending or expect to attend prior to your proposed date of enrollment. All institutions must be listed whether credit was earned or is desired. Failure to acknowledge attendance at a college or university may result in dismissal from LSU.

Complete	Location	Date of Attendance	Degree Earned	Date Earned
Name of School:	(city/state/country):	From (mo/yr) to (mo/yr):	or Expected:	or Expected:
<input type="checkbox"/>	_____	___/___ to ___/___	_____	___/___
<input type="checkbox"/>	_____	___/___ to ___/___	_____	___/___
<input type="checkbox"/>	_____	___/___ to ___/___	_____	___/___
<input type="checkbox"/>	_____	___/___ to ___/___	_____	___/___
<input type="checkbox"/>	_____	___/___ to ___/___	_____	___/___

Test Scores: An official score must be submitted directly by the Educational Testing Service (ETS).

23. Graduate Record Examination (GRE). Test Date (mo/yr): ___/___ Verbal: ___ Quantitative: ___ Analytical: ___

24. Graduate Management Admissions Test (GMAT). Test Date (mo/yr): ___/___

Verbal: ___ Quantitative: ___ Total Score: ___ Analytical Writing: ___

25. Test of English as a Foreign Language (TOEFL). The TOEFL is required of all applicants whose native language is not English. See instructions.

Test Date (mo/yr): ___/___ Section 1: ___ Section 2: ___ Section 3: ___ Section 4 (iBT): ___ Total Score: ___
(Listening) (Structure/Writing) (Reading) (Speaking)

INTERNATIONAL APPLICANTS

Please send the following to the International Services Office, LSU, Baton Rouge, Louisiana 70803, telephone 225/578-3191. Visit the ISO web site at www.oip.lsu.edu for additional information.

- A copy of the I-94 and the DS-2019 if you hold a J-1 or J-2 status **OR** a copy of the I-94 and the I-20, if you hold F1 or F2 status **OR** a copy of the I-94, I-797, and all US immigration documents which will clarify your current immigration status.
- The name(s) and birth date(s) of each dependent, including your spouse that will be accompanying you.
- For identification purposes in the US, your names on the US immigration document must match the names on your passport. Abbreviations are not acceptable. If your names on this application do not match your passport, please send a brief letter of explanation.
- An official sponsorship letter if your financial sponsorship is other than personal or family funding.

My signature below certifies that, as an international applicant, I have made arrangements to receive the minimum amount of living expenses required by the LSU International Student Office. The current minimum can be found at www.oir.lsu.edu/iso. ** Please note, a Master's of Business Administration applicant must show additional support of \$4,000 per year.

26. Signature: _____ Date: (mo/day/yr): ___/___/___

SELECTIVE SERVICE

27. Selective Service - For U.S. males between ages of 17 and 26

I hereby swear or affirm under penalty of perjury, in accordance with the requirements of the Military Selective Service Act and the requirements of Louisiana State Law R.S. 17:3151, the following (check one):

- I have registered (or will register) with the Selective Service. (Note: Registration with the Selective Service must be completed before University enrollment.)
- I am not required to register with the Selective Service System because:
- I am under 18 years of age or over 26 years of age.
 - I am an international student applicant, not a U.S. citizen and not a permanent resident of the U.S., therefore I am not required to register.
 - I am in the armed forces of the United States on active duty other than in a reserve or national guard unit.
 - I am a veteran of the armed forces of the United States and I am submitting (or will submit) my DD Form 214.
 - I am excused from registration for any other reason provided by federal law and that reason is _____.

CERTIFICATION (All Applicants)

I certify that I have read the Application for Admission form, as well as the instructions, and that, to the best of my knowledge, the information given is correct and complete. I also certify that (if applicable) I have registered (or will register) and have complied with the Selective Service. I understand that if it is later found to be otherwise, my application will be invalid, or, in the event that I am enrolled, I will be subject to dismissal from the University.

Signature: _____ Date (mo/day/yr): ___/___/___

FOR OFFICE USE ONLY

Fee: _____ Exp: _____ Batch: _____ Res: _____

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DEPARTMENTAL INFORMATION

This page of the application form will be sent directly to your prospective department.

Entry Semester: Fall Spring Summer Year: 20____
Proposed degree program (circle one): Master's Master of Arts Master of Science Master of Education
Master of Fine Arts Education Specialist Doctoral
Proposed graduate major: _____ Area of concentration: _____
Name: Last /Family: _____ First: _____ Middle: _____
Student ID: _____ Email Address: _____
Telephone: Home (____) _____ Work (____) _____
Current Mailing Address: _____
Street or P.O. Box _____
City _____ State or province _____ Postal or zip code _____ Country (If other than U.S.) _____

GRE: General: Verbal: _____ Quantitative: _____ Analytical: _____ Subject : _____ Score: _____
GMAT: Verbal: _____ Quantitative: _____ Total Score: _____ Analytical Writing: _____
TOEFL: Section 1: _____ Section 2: _____ Section 3: _____ Section 4 (iBT): _____ Total Score: _____
Listening (Structure/Writing) Reading (Speaking)

Undergraduate Institution: _____ Degree Date: _____
Major Field: _____ Minor Field: _____
Major GPA: _____ Minor GPA: _____
Cumulative Undergraduate Average: _____

Graduate Institution: _____ Degree Date: _____
Major Field: _____ Minor Field: _____
Cumulative Graduate Average: _____

List no more than 12 courses that you feel have prepared you for the graduate program to which you are applying. Please provide descriptive course titles, e.g., analytical chemistry, economic theory, etc.

Give a brief summary of your research and/or teaching experience: _____

Financial Information:
Check One: self-supporting need assistantship have funding from _____

Letters of recommendation are helpful in considering your application, and financial assistance is rarely awarded unless such letters are received. Letters of recommendation from the following individuals will be sent to the appropriate department. Please note that some departments have separate recommendation forms. Please contact the respective department(s) for these forms.

Please check one:
 Waive right to review letters of recommendation Do not waive right to review letters of recommendation
Name of Reference Position Address

STATEMENT OF PURPOSE

Please make a brief statement concerning your proposed program of graduate study. In your statement, you should address such matters as areas of interest, your plans for development, and (for applicants to research master's and doctoral programs) possible thesis or dissertation topics.

Applicant Name: _____



Recommendation For Graduate Study

Department of Physics and Astronomy

Louisiana State University

The following must be completed by the applicant:

Name _____

Name of recommender _____

In accordance with the Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation if you enroll in the Graduate School at LSU.

I hereby waive my right of access to this recommendation _____
signature date

The following must be completed by the recommender:

Name _____

Title/position and Institution _____

1. How long and in what capacity have you known the applicant? _____

2. Please rate the applicant in comparison with others you have known at similar stages in their careers.

	Exceptional Upper 5%	Outstanding next 15%	Very good next 15%	Good next 15%	Next 15%	No basis for judgment
knowledge in chosen field						
motivation and perseverance toward goals						
ability to work independently						
ability to express thoughts in speech and writing						

3. Please indicate the strength of your overall endorsement by placing an "X" along the scale.

highly recommended	recommended	recommend with reservations	recommend with reservations	recommend with reservations	recommend with reservations	not recommended

4. Please comment in a separate letter, on the applicant's strengths and limitations for graduate study. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful. Several paragraphs will be more useful to the admission committee than one or two sentences.

Mail to: Department of Physics and Astronomy
 The Graduate Student Secretary
 Louisiana State University
 Baton Rouge, LA 70803-4001
 USA
 E-Mail address: GRADSTUDY@ROUGE.PHYS.LSU.EDU