



## **Admission Application**

**[www.lsua.edu](http://www.lsua.edu)**

**Admissions: (318) 473-6417; (888) 473-6417  
[admissions@lsua.edu](mailto:admissions@lsua.edu)**

### **Priority Deadlines for Registration**

Fall Semester: August 1

Spring Semester: December 1

Summer Semester: May 1

Admission requirements and documentation needed to complete admission can be found at [www.lsua.edu/admissions](http://www.lsua.edu/admissions).

Note: If you plan to pursue a 100% online degree, please complete the online application found at [www.lsua.edu](http://www.lsua.edu)

Please mail completed application along with \$20.00 application fee to the following address:

Louisiana State University of Alexandria  
Office of Admissions  
8100 Hwy 71 South  
Alexandria, LA 71302

# Louisiana State University of Alexandria

## Application for Admission or Re-Admission

### STUDENT INFORMATION

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Birthday:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year

**Please print your legal name (NO NICKNAMES):** \_\_\_\_\_  
Last      First      Middle

Other names under which academic records may be found: \_\_\_\_\_

**MAILING ADDRESS**

\_\_\_\_\_  
P.O. Box or Street Address      Parish  
\_\_\_\_\_  
( )      ( )  
City/State      Zip Code      Home Phone      Cell Phone

**PERMANENT HOME ADDRESS** (please list an address where you may always be reached)

\_\_\_\_\_  
Street Address      City      State      Zip Code

**EMAIL ADDRESS** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_

**Beginning Semester:** Year \_\_\_\_\_ (check one)    ( ) Fall    ( ) Spring    ( ) Summer      Phone \_\_\_\_\_

### ACADEMIC INFORMATION

**Entry Status:** (check one)

- ( ) New—never attended college    ( ) Re-entry—previously attended LSUA    ( ) Transfer—attended college, but not LSUA  
( ) Preparatory—High school students wishing to take classes

**Application Type:** (check one)

- ( ) Regular    ( ) Audit Only    ( ) Visiting Student - one regular semester only; not degree-seeking    ( ) Exchange Student  
( ) POST—Earned a bachelor's degree & wish to take college courses for enrichment or professional development; non-degree seeking

**High School:** \_\_\_\_\_  
High School Name      City/State      Parish/County

**Graduation Date** (month/year): \_\_\_\_\_ / \_\_\_\_\_

If your diploma was awarded on the basis of the GED or HISET test, please check: \_\_\_\_\_

**Are you currently attending high school?** ( ) Yes    ( ) No

**If so, please list all classes you are currently taking or plan to take prior to graduation:**

| Course | Units | Course | Units |
|--------|-------|--------|-------|
|        |       |        |       |
|        |       |        |       |
|        |       |        |       |

**First-Time Freshmen:**

**Did you participate in Dual Enrollment during high school that resulted in earning college credit?** ( ) Yes\*    ( ) No  
\* If yes, please list credit earned in the college information section on page three (3) of this application

**Have you taken the ACT?** ( ) Yes    ( ) No

**Date(s) of ACT:** \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_

**List the Highest ACT Score:** Composite \_\_\_\_\_    English \_\_\_\_\_    Mathematics \_\_\_\_\_

**Colleges:** List all colleges you have attended/registered in/been enrolled in, including LSUA, and any correspondence courses taken prior to this admission. All institutions must be listed regardless of whether credit was earned or was desired. STUDENTS WHO FAIL TO ACKNOWLEDGE ATTENDANCE AT A COLLEGE OR UNIVERSITY WILL BE SUBJECT TO DISMISSAL FROM THE UNIVERSITY.

**Official transcripts must be mailed directly from each institution to LSUA.**

| College or University<br>(list last college or university attended first) | City/State | Dates of Attendance |                 | Number<br>Credit. Hrs.<br>Earned | Degree Earned |
|---|------------|---------------------|-----------------|----------------------------------|---------------|
|   |            | From<br>Month/Yr.   | To<br>Month/Yr. |                                  |               |
|   |            |                     |                 |                                  |               |
|   |            |                     |                 |                                  |               |
|   |            |                     |                 |                                  |               |
|   |            |                     |                 |                                  |               |

*Sending Unofficial  
Transcripts will expe-*

*dite the Admissions Decision Process prior to receipt of OFFICIAL Transcripts*

Are you currently enrolled at a college or university? ( ) Yes ( ) No

If so, please list all courses you are currently enrolled in or plan to complete prior to transferring to LSU Alexandria:

| Name of College or University | Course | Credit Hours |
|-------------------------------|--------|--------------|
|                               |        |              |
|                               |        |              |
|                               |        |              |
|                               |        |              |

How many total semester hours have you earned? ( ) 0-29 ( ) 30-59 ( ) 60-89 ( ) over 89

( ) 60-89 ( ) over 89

Are you currently eligible to re-enter the last college or university attended? ( ) Yes ( ) No

What is your OVERALL college grade point average? ( ) 2.0 or above ( ) below 2.0

### DEMOGRAPHIC INFORMATION

(This information is **voluntary** and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.)

Gender: ( ) Male ( ) Female

**Ethnicity & Race:** In order to comply with federal regulations, educational institutions are required to collect information on students' ethnicity and race for reporting purposes. This data is reported as total aggregate numbers and personal information is not shared. Please help us comply with these regulations by specifying whether you are of Hispanic or Latino descent and then select one or more of the races with which you identify yourself.

Are you of Hispanic/Latino ethnicity or decent? ( ) Yes ( ) No

Select one or more of the following races that you consider yourself to be

( ) American Indian or Alaska Native ( ) Asian ( ) White  
( ) Black or African American ( ) Native Hawaiian or Other Pacific Islander ( ) Other \_\_\_\_\_

**Residency Information: Failure to complete each question fully may result in non-resident classification.**

### OTHER INFORMATION

- Are you a U.S. citizen? (check one)  
 U.S. Citizen       Alien Permanent (submit copy of I-55/Green Card)       Alien Temporary (submit copy of I-55/I-94)  
 Non U.S. Citizen: Visa Type \_\_\_\_\_ Permit Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
 Seeking a Student Visa

What is your native language? \_\_\_\_\_

**LSUA requires that any student whose native language is not English to take the Test of English as a Foreign Language (TOEFL). For more information: [www.toefl.org](http://www.toefl.org). LSUA's school code is 6383.**

- Have you lived in Louisiana for the past 2 continuous years? ( ) Yes ( ) No

If **no** then complete the following:

Dates resided in Louisiana: \_\_\_\_\_ to \_\_\_\_\_  
to \_\_\_\_\_

Give City, State, County of residence prior to moving to Louisiana: \_\_\_\_\_

- Are you a dependent of your parent(s)? ( ) Yes ( ) No

If so, give dates parents have resided in Louisiana? \_\_\_\_\_

- Are you married to a Louisiana resident? ( ) Yes ( ) No

- Are you, your spouse, or your parent currently on active military assignment? ( ) Yes ( ) No

If **yes**, indicate who is on active military assignment: ( ) self ( ) parent ( ) spouse ( ) legal guardian

Are you a United States Veteran? ( ) Yes ( ) No

Are you an active member of the US Armed Services? ( ) Yes ( ) No

**Selective Service Information: Males must complete this section.**

I hereby swear or affirm under penalty of perjury, in accordance with the requirements of state R.S. 17:3151 the following:

I have registered with Selective Service. ( ) Yes ( ) No

I am not registered because I am :

**Other Information:**

- 1. Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons? Circle One:      Yes      No

If "yes" list information below & attach a statement/documentation explaining the situation

| Name of College or University | Date Action was Taken | Reason for Action |
|-------------------------------|-----------------------|-------------------|
|                               |                       |                   |

**EDUCATIONAL GOALS**

**Which statement best describes your educational goals at LSUA?**

**Choose One:**

- ( ) 1. I am undecided about my major or degree at this time, but I want to seek an associate or baccalaureate degree.
- ( ) 2. Complete an **associate (2-year) degree** at LSUA– choose one of the following:
  - \_\_\_\_\_ Associate of Science in Clinical Laboratory Science
  - \_\_\_\_\_ Associate of Science in Radiologic Technology
  - \_\_\_\_\_ Associate of Science in Nursing \*
  - \_\_\_\_\_ Associate of Arts or Science (indicate major area of interest): \_\_\_\_\_

\* If you choose nursing as your major, are you a Licensed Practical Nurse (LPN)? ( ) Yes ( ) No

- ( ) 3. Complete a **bachelor (4-year) degree** at LSUA – choose one of the following:
 

|  |  |
|--|--|
| _____ Bachelor of Science in Biology                   | _____ Bachelor of Science in Business Administration |
| _____ Bachelor of Science in Criminal Justice          | _____ Bachelor of Science in Elementary Education    |
| _____ Bachelor of Science in Mathematics               | _____ Bachelor of Science in Psychology              |
| _____ Bachelor of Arts in History                      | _____ Bachelor of Arts in Communication Studies      |
| _____ Bachelor of Arts in English                      | _____ Bachelor of Science Medical Lab Science        |
| _____ Bachelor of Science in Elder Care Administration | _____ Bachelor of Science Kinesiology                |
| _____ Bachelor of General Studies***                   |  |

\*\*\* Choose one of the following concentrations for a General Studies Major:

- Arts Management    Chemistry    Health Sciences    Humanities    Kinesiology    Disaster Science & Emergency Management
- Political Science    Psychology    Visual & Performing Arts    Undecided

- ( ) 4. Complete a **certificate program** at LSUA:
  - \_\_\_\_\_ Pharmacy Technology
  - Post-Baccalaureate Certification \*\***
  - \_\_\_\_\_ Elementary Education (post-baccalaureate)      \_\_\_\_\_ Health & Physical Education ( post-baccalaureate)
  - \_\_\_\_\_ Secondary Education (post-baccalaureate) (choose one of the subject areas below)
    - \_\_\_\_\_ Biology      \_\_\_\_\_ English
    - \_\_\_\_\_ History      \_\_\_\_\_ Mathematics

**Add on Certification \*\***

- \_\_\_\_\_ Elementary Education (Grades Pk-3)
- \_\_\_\_\_ Special Education
- \_\_\_\_\_ ESL

- ( ) 5. Complete course(s) for personal enrichment or to enhance job skills (not seeking a degree).

|    |   |     |
|----|---|-----|
| ** | Do you currently hold a Bachelor’s degree?      ( ) Yes      ( ) No | en- |
| ** | Do you currently hold a valid Teaching License? ( ) Yes      ( ) No |     |

**Have you filled in each blank, and signed your application ? Incomplete, unsigned, and/or unpaid applications cannot be processed and will be returned to the applicant for completion prior to processing.**

I certify that I have read the application and that to the best of my knowledge the information given is correct and complete. I understand that if it is later found otherwise, my application will be invalid, or in the event that I am enrolled, I will be subject to dismissal from the university. I understand that it is my responsibility to submit all official transcripts required for admission and that failure to do so will result in my dismissal from the university. I agree to abide by all university regulations as stated in the LSUA Catalog and LSUA Student Handbook.

I do hereby authorize Louisiana public post-secondary education access to my academic records. I hereby grant LSUA permission to use my name or likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

LSUA & LSUE are working together to offer developmental and beginning college-level courses to those students who do not meet criteria for regular admission to LSUA. In the event I do not meet admissions criteria for LSUA, I authorize LSUA to send copies of my application materials to LSUE to pursue additional post-secondary educational options available to me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

REV: 02/19

## Immunization Compliance Waiver Form

(If you cannot or choose not to provide immunization documentation, you must complete the following)

Return this form to: LSUA Admissions Office

|   |               |  |   |
|---|---------------|--|---|
| <b>Name:</b> _____                                    |               |  |   |
| <i>Please Print</i>                                   | <i>(Last)</i> | <i>(First)</i>   | <i>(MI)</i>                                 |
| <b>Social Security Number:</b> _____ - _____ - _____  |               | <b>Date of Birth:</b> Month _____ Day _____ Year _____ |   |
| <b>Semester:</b> Fall _____ Spring _____ Summer _____ |               | <b>YR:</b> 20 _____                                    |   |
| <b>PC ID (Office Use Only):</b> _____                 |               | <b>First Time Freshman</b> _____                       | <b>Transfer</b> _____ <b>Re-entry</b> _____ |

I understand that if I claim exemption /waiver from providing proof of immunization, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, rubella or meningitis until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign.

BE IT KNOWN that on this date, I \_\_\_\_\_,  
(Name of Student)

have been fully informed by reading the Centers for Disease Control and Prevention's *Meningococcal Vaccines-What You Need to Know* Vaccine Information Statement found at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf> and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine.

I declare myself to be a person of full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving recommended vaccinations. I do further hereby now and forever free and release the University or the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccination. I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccination or not to provide the records of my own free will.

I am requesting exemption/waiver of providing proof of the following immunizations:

\_\_\_\_\_ MMR (Measles, Mumps, Rubella)  
\_\_\_\_\_ Tetanus  
\_\_\_\_\_ Meningococcal

The reason I am requesting a waiver from providing proof of immunizations is: (Check all that apply)

\_\_\_\_\_ Personal  
\_\_\_\_\_ Medical  
\_\_\_\_\_ Religious  
\_\_\_\_\_ Unavailability of the Vaccine

\_\_\_\_\_ **Applicant Signature**                      \_\_\_\_\_ **Parent or Guardian (if student is under 18)**                      \_\_\_\_\_ **Date**

**Remember! You will not be permitted to register for classes until you either supply your immunization records or complete and return this form. Make a copy of this form for your personal record. Students that sit out and reapply to the university must re-submit an immunization waiver form.**

**Proof of Immunization Compliance**  
(Louisiana R.S. 17:170 Schools of Higher Education)  
**Return this form to: LSUA Admissions Office**  
**8100 Hwy 71 South**  
**Alexandria, LA 71302-9121**

**To the Applicant:**

Louisiana Law requires immunization against measles, mumps, rubella, and tetanus-diphtheria for all first time LSUA students born after 1956, and for re-entering students (born after 1956). You must either submit proof of immunization compliance or complete the Exemption and Waiver (See next page).

Your immunization (shot) record may be found in your family records or in your medical file with your physician. You may also want to check for records with your doctor or public health clinic. As a last resort, and if you are a graduating high school senior, school personnel may be able to locate immunization records in your cumulative or health folder before your graduation. Shot records, or reasonably authentic copies of records which indicate specific information such as your name, date of birth, and the dates of the shots you had, should be acceptable documentation of the immunizations you received previously. Take these records with you to your doctor or local public health clinic for an update of your immunization status, to have your Proof of Compliance form signed and/or to interpret your old records in view of changes in health care standards since your early childhood. You must complete immunization compliance before registration.

**Student Must Complete**

Name: \_\_\_\_\_  
*Please Print (Last) (First) (MI)*

SS Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

**Physician Completes**

| Measles (Rubeola)                                       | Rubella                                   | Mumps                                     | Tetanus-Diphtheria                             | Meningococcal                                    |
|---|---|---|--|--|
| 1st Immunization: _____<br>and (Date) _____             | Immunization: _____<br>or (Date) _____    | Immunization: _____<br>or (Date) _____    | Date of Immunization _____                     | Date of Immunization _____<br>(2 doses required) |
| 2nd Immunization: _____<br>or (Date) _____              | Serologic Test: _____<br>and (Date) _____ | Serologic Test: _____<br>and (Date) _____ | _____  | _____  |
| Date of Disease: _____<br>or (Date) _____               | Result: _____                             | Result: _____                             | Date must be within 10 yrs of application date | _____  |
| Serologic Test: _____<br>(Date) _____<br>(Result) _____ |   |   |  | _____  |

**Physician or Other Health Care Provider Verification:**  
**(no attachments accepted)**

Signature of Physician or other health care provider \_\_\_\_\_ (Please place address provider stamp above) \_\_\_\_\_ Date \_\_\_\_\_

**To the Physician or Other Medical Providers:** (Please do not sign this compliance form unless the student has proper vaccines or immune tests.) The following guidance is presented for the purpose of implementing the requirements of Louisiana R.S. 17:170, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA).

**Remember! You will not be permitted to enroll until you complete and return this form.**  
**Make a copy of this form for your personal record.**