Admission Application

www.lsua.edu

Admissions: (318) 473-6417

Fax: (318) 473-6418

Main/Switchboard: (318) 445-3672 or

1-888-473-6417

Priority Deadlines for Early Registration

Fall Semester: May 1
Spring Semester: October 1
Summer Semester: April 1

Check academic calendar for early registration deadlines. The last day for late registration is the 5th day of classes for Fall & Spring semesters and the 3rd day of classes for the Summer session.

Please mail completed application to the following address:

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

Instructions:

International Students must remit an $80 nonrefundable application fee. All applicants must submit a completed Application for Admission and Proof of Immunization Compliance Form. In addition, the following credentials are required (please note that transcripts are only considered "official" when they are mailed or sent directly to LSUA from the sending institution):

Freshman: Official high school transcript or GED scores and results of the American College Test (ACT). If a student graduated from a Louisiana Public High School after 2003, the transcript will be obtained electronically by the Admissions Office.

Re-entry: Official transcripts from each college or university attended since last attendance at LSUA

Transfer: Official transcripts from each college or university attended (if fewer than 12 semester hours of total college-level credit have been earned, an official high school transcript and ACT scores will also be required)

Summer Only: Letter of good standing from institution where currently enrolled

Visiting Student: Letter of good standing from institution last attended

Please refer to the LSUA Catalog or contact the Admissions Office at (318) 473-6417 or admissions@lsua.edu for information on International Admission, Early Admission Programs, Preparatory Programs, Audit Only, and Program for Adult Special Students (PASS).

Provisional Admission

The credentials needed from an applicant will depend on previous educational experiences and application type. Current registration will be cancelled if the credentials are not submitted by the first day of class. Consult the Academic Calendar for semester dates. If the credentials prove that the applicant is inadmissible, the provisional admission will be cancelled.

Special Assistance

Handicapped students who will require special assistance with parking, classroom accessibility, academic or testing accommodations, or other matters, should contact the Director of Student Services and ADA Coordinator, 206 Student Center (above LSUA Bookstore), (318) 473-6545.

Equal Opportunity

LSUA assures equal opportunity for all qualified persons without regard to race, color, religion, sex, national origin, age, handicap, marital status, or veteran's status in the admission to, participation in, and treatment or employment in the programs and activities which the University operates.

Admission Requirements

First-Time Freshman: Completion of Regents high school core curriculum, need no more than one developmental course (based on ACT subscores of English and mathematics), and meet ONE of the following: a. High school GPA of 2.0 or greater, b. ACT composite score of 20 or greater, c. High school graduation rank in the top 50% of class.
First-Time Freshman over the age of 25 do not need to meet these admission requirements. Contact the Admissions Office to learn about admission and required documentation.

Re-Entry Students: Students that have attended LSUA previously are required to be in good standing with LSUA or the most recent institution attended.

Transfer Students: Students wishing to be admitted as a transfer student must have a college GPA of 2.0 or higher from all institutions previously attended and must have earned 12 college level hours (not counting developmental courses). Official transcripts are required from all regionally accredited institutions whether or not credit was earned or is desired. For financial aid purposes, unofficial transcripts are required from schools not regionally accredited.

Louisiana State University at 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_____
Name Phone

ACADEMIC INFORMATION

Beginning Semester: Year_____ (check one) ( ) Fall ( ) Spring ( ) Summer

Entry Status: (check one)
( ) New—never attended college ( ) Re-entry—previously attended LSUA ( ) Transfer—attended college, but not LSUA

Application Type: (check one)
( ) Regular ( ) PASS (Program for Adult Special Students) ( ) Summer Only ( ) Audit Only
( ) Visiting Student - one regular semester only; not degree-seeking

High School: _____ _____
High School Name City/State Parish/County High School Code (office use)

Graduation Date (month/year): _____/_____ If your diploma was awarded on the basis of the GED 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 _____

LSU Alexandria must receive official ACT scores for admission purposes. You can request ACT scores be sent to LSUA on the ACT website: www.actstudent.org. LSUA's school code is 1589. You can also list LSUA on future tests. If you have not taken the ACT, you can contact the LSUA Testing Center at 318-427-4492 for information on the National ACT test dates or the ACT Residual (only used for admission purposes at LSUA).

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 (list last college or university attended first)	**City/State**	Dates of Attendance From Month/Yr.	To Month/Yr.	Number Credit. Hrs. Earned	Degree Earned

Sending Unofficial Transcripts will expedite 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
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 INFORMATION

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

1. 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. LSUA's school code is 6383.

2. 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:_____
3. Are you a dependent of your parent(s)? ( ) Yes ( ) No
   If so, give dates parents have resided in Louisiana? _____
4. Are you married to a Louisiana resident? ( ) Yes ( ) No
5. 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

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 (check one of the following reasons)
I am not registered because I am (check one):
( ) 1. not yet 18 years of age
( ) 2. on active military duty other than reserve or national guard
( ) 3. excused from registration for the following reason: _____

Other Information:
Failure to promptly notify Louisiana State University at Alexandria as required by the following questions of any felony charge, plea or conviction, conviction of a sex offense, commitment to a correctional institute, or suspension or dismissal from a college or university prior to enrollment is sufficient cause for revocation of admission or enrollment.

A. Have you ever been convicted of, pled guilty to, or are you presently charged by indictment or information with a crime (a felony) which might 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

If answer to question A, B, or C is "yes", submit court documentation, letters of recommendation, and a complete explanation giving date, name of court, nature of offense, status of charge, penalty imposed, if any, or other disposition to the Office of Admissions

D. Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons? 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?

( ) 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 Science in the Care and Development of Young Children
_____ 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 Criminal Justice
_____ Bachelor of Science in Mathematics
_____ Bachelor of Arts in History
_____ Bachelor of Arts in English
_____ Bachelor of Science Medical Lab Science
_____ Bachelor of Science in Business Administration
_____ Bachelor of Science in Elementary Education
_____ Bachelor of Science in Psychology
_____ Bachelor of Arts in Communication Studies
_____ Bachelor of Science in Nursing
_____ Bachelor of General Studies***

*** Choose one of the following concentrations for a General Studies Major:
☐ Biology ☐ Eldercare Management ☐ Health Sciences ☐ Humanities ☐ Kinesiology ☐
☐ Political Science ☐ Psychology ☐ Visual & Performing Arts Undecided

( ) 4. Complete a **certificate program** at LSUA:

_____ Pharmacy Technology

Alternative Certification **

_____ Elementary Education (post-baccalaureate)
_____ Secondary Education (post-baccalaureate)
(choose one of the subject areas below)
_____ Biology _____ English
_____ History _____ Mathematics
_____ Health & Physical Education (post-baccalaureate)

** Do you currently hold a Bachelor's degree? ( ) Yes ( ) No
** Do you currently hold a valid Teaching License? ( ) Yes ( ) No

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).

Have you filled in each blank, and signed your application ? Incomplete and unsigned 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.

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

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 fist 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 your 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: _____ (Date) and 2nd Immunization: _____ (Date) or Date of Disease: _____ (Date) or Serologic Test: _____ (Date) _____ (Result	Immunization: _____ (Date) or Serologic Test: _____ (Date) and Result: _____	Immunization: _____ (Date) or Serologic Test: _____ (Date) and Result: _____	Date of Immunization _____ Date must be within 10 yrs of application date	Date of Immunization _____

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.

Immunization Compliance Exemption & Waiver

(If you cannot or choose not to provide immunization documentation, you must complete the following)
Return this form to: LSUA Admissions Office

Name:_____
Please Print (Last) (First) (MI)

Social Security Number: _____-_____-_____ **Date of Birth**: Month _____Day_____ Year _____

Semester: Fall _____ **Spring** _____ **Summer** _____ **YR**: **20** _____

PC ID (Office Use Only) _____ **First Time Freshman** _____ **Transfer** _____ **Re-Entry**_____

Request for Exemption: MMR & Tetanus

If you request exemption for medical or personal reasons, please check the appropriate blank and provide the information requested:

☐ Medical Reasons (Physician's statement-use space below)

☐ Personal Reasons (State reason in space provided below)

_____
_____
_____
_____

I understand that if I claim exemption for personal or medical reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps or rubella 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:

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

Waiver of Vaccination and Release from Responsibility: Meningococcal

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 and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine. The reason for my completing this waiver is (check one):

____Personal
____Medical
____Religious
____Unavailability of 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 the vaccination. 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 of my own free will.

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

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