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.lsu.edu/admissions.

Note: If you plan to pursue a 100% online degree, please complete the online application found at www.lsu.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
### 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

### 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:

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
<th>Course</th>
<th>Units</th>
<th>First-Time Freshmen:</th>
</tr>
</thead>
</table>

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
**DEMOGRAPHIC INFORMATION**

*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  
  ( ) 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.*

1. Are you a U.S. citizen?  
   ( ) Yes  
   ( ) No

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

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

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

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

7. 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:
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

*** 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)
   - [ ] 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).

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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 educational 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.

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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

<table>
<thead>
<tr>
<th>Name:</th>
<th>______________________________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number:</td>
<td>Date of Birth: Month ______ Day ______ Year ______</td>
</tr>
<tr>
<td>Semester:</td>
<td>Fall ____ Spring ____ Summer ____ YR: 20______</td>
</tr>
<tr>
<td>PC ID (Office Use Only):</td>
<td>First Time Freshman ______ Transfer ______ Re-entry ______</td>
</tr>
</tbody>
</table>

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 vaccine 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

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Parent or Guardian (if student is under 18)</th>
<th>Date</th>
</tr>
</thead>
</table>

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.
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 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.

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.

<table>
<thead>
<tr>
<th>Measles (Rubeola)</th>
<th>Rubella</th>
<th>Mumps</th>
<th>Tetanus-Diphtheria</th>
<th>Meningococcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Immunization:</td>
<td>Immunization:</td>
<td>Immunization:</td>
<td>Date of Immunization</td>
<td>Date of Immunization</td>
</tr>
<tr>
<td>and Serologic Test: (Date) or (Date)</td>
<td>or (Date) and (Date)</td>
<td>or (Date) and (Date)</td>
<td>(2 doses required)</td>
<td>(2 doses required)</td>
</tr>
<tr>
<td>2nd Immunization:</td>
<td>Serologic Test:</td>
<td>Result:</td>
<td>Date must be within 10 yrs of application date</td>
<td></td>
</tr>
<tr>
<td>or (Date)</td>
<td>and (Date)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Disease:</td>
<td>Result:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or Serologic Test: (Date)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(Date)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Result)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).