



## **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

# Louisiana State University of Alexandria

## Application for Admission or Re-Admission

### STUDENT INFORMATION

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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  
 Preparatory—High school students wishing to take classes

**Application Type:** (check one)  
 Regular     Audit Only     Visiting Student - one regular semester only; not degree-seeking  
 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      High School Code (office use)

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

*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 \_\_\_\_\_

### 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](http://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

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:**

Failure to promptly notify Louisiana State University of 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

Table with 3 columns: 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 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 in Elder Care Administration
Bachelor of General Studies\*\*\*
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 Medical Lab Science

\*\*\* 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).

**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: 06/16

**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: _____ and (Date) _____	Immunization: _____ or (Date) _____	Immunization: _____ or (Date) _____	Date of Immunization _____	Date of Immunization _____ (2 doses required)
2nd Immunization: _____ or (Date) _____	Serologic Test: _____ and (Date) _____	Serologic Test: _____ and (Date) _____	Date must be within 10 yrs of application date	_____
Date of Disease: _____ or (Date) _____	Result: _____	Result: _____		_____
Serologic Test: _____ (Date) _____ (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.**

## 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.**

