University of Louisiana at Lafayette

$ _____

Receipt No. _____

APPLICATION FOR GRADUATE ADMISSION

Submit application fee with application: **$25.00 U.S. Citizens. $30.00 non-U.S. Citizens. $25.00 Permanent Residents and Refugees.** This application will not be processed until the fee is paid. Type or print plainly the information requested below. This information will be used to prepare your registration materials and to initiate a permanent record for you.

Name (Last/Family) (First) (Middle) Social Security Number

Do you have another name that appears on your previous academic records? If so, list all names.

Present Mailing Address - Street

Present Mailing Address - City, State, Country, Zip

Permanent Home Address If Different From Above - Street

Permanent Home Address - City, State, Country, Zip | Home Parish Or County

Date of Birth (M-D-Y) | Place of Birth (City, State, Country) | Country of Legal Citizenship

Local Home Telephone | Permanent Home Telephone | Business Telephone

☐ **Summer** ☐ **Fall** ☐ **Spring** **Year 20**____ **When Do You Plan To Enroll At UL Lafayette?**

☐ Female ☐ Male Gender

Religious Preference (optional)

Ethnic Origin (Please check one):
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non-Latino

Race (Please check one or more):
- ☐ White
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other

Check One Box Below And Fill In:

☐ U.S. Citizen ☐ Refugee Status

☐ Permanent Resident, Immigrant Alien Number _____ ☐ Non U.S. Citizen VISA Type _____

If You Have Ever Become Ineligible To Enroll In Any Graduate School, Specify The Institution(s) And The Reason Above

GRE: Date ____ Verbal ____ Quantitative ____ Analytical ____ GRE: Total Score ____

GMAT: Date ____ Total Score ____

Indicate undergraduate GPA on all work pursued: _____ If applicable, your graduate GPA on all work to date: _____

Interested in assistantship? ☐ Yes ☐ No International students indicate TOEFL score: _____

This section must be completed by any applicant who is required to register in accordance with the Military Selective Service Act.

I am registered with the Selective Service System: ☐ YES ☐ NO ☐ NOT APPLICABLE (*indicate reason below)*:

If you are required to register, State Law 345 (1999) forbids you from enrolling unless you submit proof of registration to the University.

☐ under 18 years of age ☐ member of Armed Forces

☐ Other ☐ excused from registration

High School From Which You Graduated | Date of Graduation

Location of High School (City, State, Parish)

Check The Program For Which You Are Applying:

PhD PROGRAMS
- ☐ 8969 Applied Lang. & Speech Sciences
- ☐ 8119 Biology
- ☐ 8009 Cognitive Science
- ☐ 8289 Computer Engineering
- ☐ 8199 Computer Science
- ☐ 8306 English
- ☐ 8349 Francophone Studies
- ☐ 8679 Mathematics

EdD PROGRAM
- ☐ 8389 Educational Leadership

NON-DEGREE PROGRAMS
- ☐ 8000 Special Non-Degree
- ☐ 8008 Masters + 30

MASTER'S PROGRAMS
- ☐ 8085 Architecture
- ☐ 8111 Biology
- ☐ 8120 Business Administration
- ☐ 8121 Health Care Administration
- ☐ 8122 MBA: Health Care Certification
- ☐ 8961 Communication
- ☐ 8283 Computer Engineering
- ☐ 8191 Computer Science
- ☐ 8010 Counselor Education

Education
- ☐ 8377 Curriculum & Instruction
- ☐ 8387 Educational Leadership
- ☐ 8378 Gifted Education

Engineering
- ☐ 8172 Chemical Engineering
- ☐ 8182 Civil Engineering
- ☐ 8682 Mechanical Engineering
- ☐ 8792 Petroleum Engineering

- ☐ 8301 English
- ☐ 8341 French
- ☐ 8410 Geology
- ☐ 8501 History
- ☐ 8671 Mathematics
- ☐ 8746 Music

Nursing
- ☐ 8772 Adult Health
- ☐ 8773 Post MSN Adult Health
- ☐ 8774 Adult Psychiatric & Mental Health
- ☐ 8775 Post MSN Adult Psychiatric & Mental Health
- ☐ 8776 Nurse Administrator
- ☐ 8777 Nurse Educator
- ☐ 8830 Physics
- ☐ 8872 Psychology
- ☐ 8963 Speech Path. & Audio.
- ☐ 8284 Telecommunications

List below each educational institution which you have attended. Begin with the first college or university attended (include UL Lafayette, if attended).

Name of Institution	Location	Dates of Attendance Mo./Yr. - Mo./Yr.	Under-Graduate (U) or Graduate (G)	Approx. No of Credit Hrs. Earned	Degree Earned

Attach separate sheet if more space is needed.

All statements above are true to the best of my knowledge and all information furnished on this form is complete and accurate. I understand that withholding information or giving false information may make me ineligible for admission and enrollment at the University of Louisiana at Lafayette. I am eligible to continue at, or return to, the last graduate school I attended. I understand that all students with a documented disability must be registered with the UL Lafayette Office of Services for Students with Disabilities to receive accommodations.

Date | Applicant's Signature | E-Mail Address

Return your application to: Graduate School, P.O. Box 44610, Lafayette LA 70504-4610, USA

Revised 02-2009