

**LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER**

**APPLICATION FOR ADMISSION
SCHOOL OF DENTISTRY
Bachelor of Science Degree Program**

Paste picture
here

PROGRAM IN DENTAL HYGIENE

1100 Florida Ave., Box 228
New Orleans, LA 70119

Date _____ 20 _____

Name in full _____
Last name First name Middle name

Mailing address _____
Number & street City Parish or County State Zip code

Permanent Home Address _____
Number & street City Parish or County State Zip Code

Telephone _____ Maiden Name _____
Home Cell Phone

Date of birth ____/____/____ Place of birth _____ Spouse _____
City State

Social Security number _____ Race _____ E-Mail _____

For the previous tax year, which person claimed you as a deduction? ____ Father ____ Mother ____ Guardian ____ Spouse ____ Self

American Citizen? Yes ____ No ____ If not, indicate citizenship _____ Visa status: Student ____ Resident ____ Other ____

Alien Registration # _____ (Enclose photocopy of both sides of card)

If you have not been living at your present address for a period of two years, list your home address for the past two years. Show street, number, city, and state.

_____ Since: Month _____ Year _____

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Provide the information requested below concerning your parents or guardians.

Name of father/guardian _____ Living? _____

Home address _____ Since: Month _____ Year _____
City State

Occupation _____ Firm or business name _____

Name of mother _____ Living? _____

Home address _____ Since: Month _____ Year _____
City State

Occupation _____ Firm or business name _____

In the space below please write in your own handwriting an account of your reasons for selecting *dental hygiene* as a career.

YOUR APPLICATION IS INCOMPLETE AND CANNOT BE PRESENTED TO THE COMMITTEE ON ADMISSIONS UNTIL ALL CREDENTIALS ARE RECEIVED. THIS INCLUDES THE APPLICATION, APPLICATION FEE, PICTURE, OFFICIAL TRANSCRIPTS, AMERICAN COLLEGE TEST (ACT) SCORES, AND CONFIDENTIAL RATING FORM.

I hereby certify that all statements made in connection with application are correct.

CONSENT: I hereby give my permission to Louisiana State University School of Dentistry to release information regarding my admission credentials to those agencies the school authorizes as appropriate.

Date _____ Signature of applicant _____

Have you ever or are you currently applying to other dental hygiene or professional schools? _____

If yes, please list names of schools and dates applied _____

Please rank in order of preference:

1. _____ The LSU Program in Dental Hygiene at the *New Orleans* campus.

2. _____ The LSU Program in Dental Hygiene at the *Lafayette* campus.

HAVE YOU PREVIOUSLY APPLIED TO THIS INSTITUTION? YES _____ NO _____

WHEN DID YOU LAST TAKE THE ACT? _____

DID YOU HAVE YOUR ACT SENT TO LSUSD? YES _____ NO _____ WHEN? _____

Have you ever been convicted, pleaded guilty, or are you presently charged by indictment or a bill of information with a crime (felony) that might be punishable by imprisonment? (If answer is yes, give details.)

Have you ever been committed to a juvenile, correctional, or training institution? (If answer is yes, give details.)

State law requires that *all males* register for the federal draft, under the federal Military Selective Service Act, prior to your enrollment in any institution of the LSU System, which includes all the schools of the LSU Health Sciences Center. Please sign your name on the line below indicating that you are in compliance with this law. I, _____, have registered with the selective service system in accordance with the Military Selective Service Act. (Print your name)

(Signature)

(Date)

If you are not required to register with the selective service system, please indicate below the reason why.

* *You must also furnish this office with a copy of your Selective Service Registration Card as proof of your registration.*

Give information concerning high school or other secondary schools attended.

Name of School	City and State	Date of Entrance	Date of Leaving	Diploma Received

Give information concerning colleges or universities attended.

Name of School	City and State	Date of Entrance	Date of Leaving	Degree Received

Have you ever been dropped or suspended for scholastic or disciplinary reasons from any high school or college? (If yes, please explain circumstances.) _____

Please indicate employment, time spent on active duty in the Armed Forces, or other activity. Begin with most recent date.

Name of employer or activity	City & State	Date (month & year)
		From _____ To _____
		From _____ To _____
		From _____ To _____
		From _____ To _____