APPLICATION FOR ADMISSION
SCHOOL OF DENTISTRY
Bachelor of Science Degree Program

PROGRAM IN DENTAL HYGIENE
1100 Florida Ave., Box 228
New Orleans, LA 70119

Name in full_____________________________________________________________________________________________________

Mailing address__________________________________________________________________________________________________

Permanent
Home Address_____________________________________________________

Telephone______________ ____________________________________________  M____aiden Name_______________________________

Date of birth___/___/____ Place of birth______________________________________________Spouse_____________________________

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 ______

________________________________________________________________________________________ Since:  Month _______ Year ______

Provide the information requested below concerning your parents or guardians.

Name of father/guardian___________________________________________________________Living? ____________________

Home address ______________________________________City State Since:  Month _______ Year ______

Occupation ______________________________________ Firm or business name ______________________________________

Name of mother _____________________________________________________________________Living? ____________________

Home address ______________________________________City State Since:  Month _______ Year ______

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.)
___________________________________________________________________________________________

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

REV. 18, OCTOBER, 2010
Give information concerning high school or other secondary schools attended.

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<tr>
<th>Name of School</th>
<th>City and State</th>
<th>Date of Entrance</th>
<th>Date of Leaving</th>
<th>Diploma Received</th>
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Give information concerning colleges or universities attended.

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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.

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