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**LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER**

**APPLICATION FOR ADMISSION
SCHOOL OF DENTISTRY**

IED PROGRAM

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

Previously applied? _____, How many times? _____

Date _____ 20 _____

To the Committee on Admissions:

I hereby apply for admission to the _____ Year Class of the Louisiana State University School of Dentistry,
First, second, third or fourth

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 _____
home cell phone Maiden Name _____

Date of Birth ____/____/____ Place of Birth _____
City State SSN _____

Spouse Name _____

E-Mail _____

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 _____

Have you ever been convicted, pleaded guilty, or are you presently charged by indictment or information with a crime (felony)? _____ Have you been committed to a juvenile, correctional, or training institution? _____ (If the answer to either question is yes, give details on a separate sheet.)

YOUR APPLICATION CANNOT BE PRESENTED TO THE COMMITTEE ON ADMISSIONS UNTIL ALL CREDENTIALS ARE RECEIVED. THIS INCLUDES THE CAAPID APPLICATION, APPLICATION FEE, AND PICTURE.

I hereby certify that all statements made in connection with this application are correct. I hereby give my permission to the 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 _____