

GRADUATE ADMISSION INFORMATION

GRADUATE ADMISSION REQUIREMENTS

Unconditional Admission to Graduate Studies: An applicant must have a minimum 2.5 grade point average for the undergraduate degree (4.0 scale) or a 2.75 grade point average (4.0 scale) in the last 60 hours attempted in the degree program from a regionally accredited college or university. In addition, a 3.0 grade point average (4.0 scale) is required on any graduate work attempted.

Appeal: Any student not meeting these criteria but having a 2.00 to 2.24 undergraduate grade point average on a 4.0 scale may appeal through the appropriate graduate program director and dean for admission. Appropriate GMAT or GRE scores must be attached to the appeal. Recommendations will be submitted to the Graduate Dean for final approval.

GRADUATE ADMISSION PROCESS

1. Complete and submit LSUS Application for Graduate Admission and appropriate fees to the LSUS Admissions and Records Office before the deadline.
2. Request that an official transcript from each college or university previously attended be mailed to the LSUS Admissions and Records Office.
3. If required based on program, have examination scores mailed by the testing agency to the LSUS Graduate Studies Office.
4. Provide proof of immunization as defined in the Immunization Policy.

Important Notes: Admission requirements for specific degree programs vary. See Admission Requirements/Procedures in the University Catalog for the specific degree program. In general, only students formally admitted to graduate study are eligible to enroll in graduate courses. Information concerning admission status and orientation/registration will be mailed from the Graduate Studies Office.

DEGREE SEEKING STUDENTS

An applicant who is seeking an advanced degree must request that official transcripts showing all graduate and undergraduate work and all degrees previously awarded be mailed to the LSUS Admissions and Records Office from each college or university attended regardless if work is shown on another transcript. Faxed transcripts are not accepted.

NON-DEGREE SEEKING STUDENTS

An applicant who is not seeking a degree must request that an official transcript, showing an appropriate background and confirming the awarding of at least a bachelor's degree, be mailed directly to the LSUS Admissions and Records Office from the university or college which awarded the degree. Faxed transcripts are not accepted.

INTERNATIONAL STUDENTS

An international applicant with a superior scholastic record, acceptable English proficiency and evidence of adequate financial support will be considered for admission. An application packet may be requested from the LSUS Admissions and Records Office (admissions@lsus.edu).

- Application and all credentials must be on file at least 90 days prior to registration.
- An applicant must hold a bachelor's degree or its equivalent with a grade point average equivalent to B or better (3.0 or above on a 4.0 scale) on all undergraduate work from accredited colleges or universities. Admission consideration for transfer will be based on records of post-secondary study (university, institute or technical school).
- Applicants who have attended institutions outside of the U.S. must submit an English-translated course-by-course evaluation from AACRAO, WES, or ECE for all academic work. Official transcripts are required from all U.S. institutions which the applicant has attended.
- If the applicant's native language is not English, evidence of satisfactory completion of the Test of English as a Foreign Language (TOEFL) is required. For more information, see TOEFL's website: www.toefl.org (LSUS code 6355)
- Applicants must submit satisfactory scores on the GRE or GMAT.

REQUIRED TESTS

- The GMAT (www.mba.com) is required of all applicants for the Master of Business Administration degree program.
- The GRE is required of all applicants for the Master of Counseling Psychology, Master of Education, Master of Public Health, Master of Science in Systems Technology, Master of Science in Kinesiology and Wellness, Master of Science in Human Services Administration, and Specialist in School Psychology programs. Arrangements to take the test and to request test score transcripts may be made at www.gre.org.
- The GMAT or GRE is required of all applicants for the Master of Health Administration.

APPLICATION FEES AND DEADLINES

- A non-refundable application fee of \$10 is required of all students who have never attended LSUS.
- International students are required to pay a non-refundable \$20 application fee.
- SEND CHECK OR MONEY ORDER DRAWN ON A U.S. BANK. DO NOT SEND CASH.
- The deadlines for submitting an application follow. If the date falls on a weekend, deadlines will be on the preceding Friday.

Summer Term: April 30

Fall Term: June 30

Spring Term: November 30

LOUISIANA STATE UNIVERSITY in SHREVEPORT

GRADUATE PROGRAMS

Code	Program Objective
M3010	Master of Arts in Liberal Arts (M.A.)
T2010	Master of Science in Counseling Psychology (M.S.)
P2010	Specialist in School Psychology (SSP)
N1010	Master of Business Administration (M.B.A.)
N1020	Master of Business Administration – Executive Track (M.B.A.)
T2020	Master of Science in Kinesiology and Wellness (M.S.)
E2080	Master of Education (M.Ed.)
E2090	Master of Education in Educational Leadership (M.Ed.)
E2030	Master of Education in Curriculum & Instruction – Reading (M.Ed.)
E2065	Master of Education in Curriculum & Instruction – Gifted Education (M.Ed.)
T4012	Master of Science in Computer Systems Technology w/concentration in Business Administration (M.S.)
T4016	Master of Science in Computer Systems Technology w/concentration in Computer Science (M.S.)
T4014	Master of Science in Computer Systems Technology w/concentration in Biomedical Informatics (M.S.)
T4018	Master of Science in Biological Sciences (M.S.)
T3020	Master of Science in Human Services Administration (M.S.)
K2020	Master of Public Health (M.P.H.)
H3010	Master of Health Administration (M.H.A.)

Cooperative programs with other Louisiana Universities:

Code	Program Objective
C3010	Master of Arts in English (M.A. with LSU-BR or Louisiana Tech)
C3020	Master of Arts in History (M.A. with Louisiana Tech)
T4020	Master of Science in Environmental Science (M.S. with LSUBR)
C4010	Master of Science (M.S. with LSUHSC-S) [Concentrations available: Biochemical & Molecular Biology; Cellular Biology & Anatomy; Microbiology & Immunology; Pharmacology & Therapeutics; or, Physiology & Biophysics]

APPLICATION FOR GRADUATE ADMISSION

PRINT IN INK AND COMPLETE ALL ITEMS. INCOMPLETE APPLICATIONS WILL DELAY ACCEPTANCE. RECORDS SUBMITTED DURING THE ADMISSIONS PROCESS BECOME PART OF THE STUDENT'S OFFICIAL FILE AND ARE NOT RETURNED TO THE STUDENT OR RELEASED TO A THIRD PARTY.

ENROLLMENT DATA

Have you ever filed an application for graduate admission with LSUS? Yes No If yes, when? _____

Term for which you are applying: Fall 20____ Spring 20____ Summer 20____

Check all that apply: Former LSUS Undergraduate Student Former LSUS Graduate Student First-Time LSUS Graduate Student
 Transfer International Student Audit Non-Degree Visiting – one term only
 Plus 30 (teachers) Add-on certification (teachers)

PERSONAL DATA

Social Security Number: _____

Name: _____
Last First Middle Former name(s) under which you registered at any college

Local Address: _____
Number Street Apt. #

City State Zip Code Parish/County

Permanent Address: _____
(If Different From Local) Street/Apt. # City State Zip Code

Email: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: _____ Place of Birth: _____ Female Male
MM/DD/YYYY

Citizenship: _____ If not U.S. Citizen, type of non-immigrant visa: _____
 or Alien Resident Number and date issued: _____

Race/Ethnicity: This information is voluntary and will be used in a non-discriminatory manner consistent with applicable civil rights laws.
 The information will be used for federal and state reporting purposes.

Are you of Hispanic/Latino Origin? Yes No

In addition, select **one or more** of the following racial/ethnic categories to describe yourself:

American Indian or Alaska Native Black or African American Asian Native Hawaiian or other Pacific Islander Hispanic White

EMERGENCY CONTACT DATA

Name: _____ Relationship: _____
(Last) (First) (MI)

Address (Street, Apt. #): _____ Day Phone: (____) _____
 City: _____ State: _____ Zip Code: _____ Night Phone: (____) _____

RESIDENCY DATA

When did you move to your present address? _____ (MO/YR)
 List your past address(es) if you have been living at present address for less than two years.

_____ Since: (MO/YR) _____
Number, Street, Apt #, City, State

_____ Since: (MO/YR) _____
Number, Street, Apt #, City, State

Are you claimed as a dependent on your parents' tax return? Yes No
 If yes, does parent(s) presently reside in Louisiana? Yes No
 Are you or have you ever been a member of the armed forces? Yes No

_____ State _____ Date Released _____ State _____

Are you currently a dependent of an active duty member of the armed forces? Yes No

<i>For Office Use Only</i>	
<i>Application:</i>	
Date received:	_____
Received by:	_____
Processed by:	_____
Date Processed:	_____
<i>Application Fee:</i>	
Fee receipt #:	_____
Amount:	_____
Received by:	_____

EDUCATIONAL DATA

Will you be seeking a Master's degree at LSUS? Yes No

If **yes**, which degree program? _____

[Please enter code from list on page 2]

If **no**, what are your plans? _____

Are you currently attending a college or university? Yes No If yes, institution name: _____

Are you eligible to return to the last college or university you attended? Yes No

Last semester/term grade point average: _____ Cumulative grade point average: _____

Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons? Yes No

If yes, give name of institution, date and reason for this action _____

List each college or university attended, **including LSUS**. (Attach separate sheet if needed.) All institutions must be listed regardless of whether credit was earned or desired or whether work is shown on another transcript. **Official transcripts for all previous college work (except LSUS) must be mailed directly from the institution to LSUS Admissions and Records. FAX or hand-carried transcripts are not accepted.**

COLLEGE/UNIVERSITY, CITY, STATE	FROM: Mo/Yr	TO: Mo/Yr	DEGREE

INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM

Yes No Have you ever been convicted, pleaded guilty or are you presently charged with a crime (felony) which might be punishable by imprisonment in a penitentiary?

Yes No Have you ever been committed to a correctional or training institution?

If the answer to either question is "Yes", please request a Disciplinary Status sheet which outlines required additional information.

SELECTIVE SERVICE (for male U.S. citizens between the ages of 18 and 26)

I hereby swear or affirm under the penalty of perjury, in accordance with the requirements of the military selective service act and the requirements of state law R.S. 17: 3151, the following:

_____ I have registered with Selective Service

_____ I am not required to register with the Selective Service for the following reason _____

TUITION AND FEES WAIVERS

Non-Louisiana residents (*LSUS has a limited number of out-of-state fee waivers – Check if you would like to apply for a waiver*)

Select the programs in which you are eligible to participate (*Original or certified proof of status must be provided*):

Student over 65

Dependent of deceased Louisiana fire fighter or police officer killed in line of duty

Dependent of disabled Louisiana veteran

CERTIFICATION

I CERTIFY ALL INFORMATION ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT FALSE OR INCOMPLETE INFORMATION MAY MAKE ME INELIGIBLE FOR ADMISSION TO, OR CONTINUATION IN, LOUISIANA STATE UNIVERSITY IN SHREVEPORT. I DO HEREBY AUTHORIZE LOUISIANA POST-SECONDARY EDUCATION TO ACCESS MY ACADEMIC RECORDS.

Signature _____ Date _____

PROOF OF IMMUNIZATION COMPLIANCE LOUISIANA STATE UNIVERSITY in SHREVEPORT

One University Place • Shreveport, LA 71115 • (318) 797-5061
toll-free in state 800-229-5957 • FAX (318) 797-5286 • www.lsus.edu/admissions

(Applicable only to students born on or after January 1, 1957)

PRINT IN INK AND COMPLETE ALL ITEMS

PERSONAL DATA

Social Security Number: _____

Name: _____
Last First Middle

Birthdate: _____

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION (SEE OTHER SIDE)

Measles (Rubeola)

1st Immunization: _____
(Date)

and

2nd Immunization: _____
(Date)

or

Date of Disease: _____
(Date)

or

Serologic Test: _____
(Date)

and

Result: _____

Rubella

Immunization: _____
(Date)

or

Serologic Test: _____
(Date)

and

Result: _____

Mumps

Immunization: _____
(Date)

or

Date of Disease: _____
(Date)

or

Serologic Test: _____
(Date)

and

Result: _____

Tetanus-Diphtheria

Immunization: _____
(Date within 10 years)

Signature of Physician or Other Health Care Provider

Date

Please Place Address or Stamp Above

REQUEST FOR EXEMPTION

If you request exemption, please check the appropriate blank and provide the information requested.

Medical reasons: (Physician's Statement—use space below)

Personal reasons: (State reason in space 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 below.

Applicant's Signature

Date

Parent or Guardian, if required

Date

SUBMIT FORM TO:

Admissions and Records Office

Louisiana State University in Shreveport
One University Place
Shreveport, LA 71115
FAX (318) 797-5286

VACCINE REQUIREMENTS

(Applicable only to students born on or after January 1, 1957)

SOURCE: Louisiana RS 17:170 Schools of Higher Education

<http://www.909shot.com/state-site/Louisiana%20.htm>

TO THE NEW STUDENT

Your immunization record may be found in your family records or in a booklet that may have been written in by your doctor or public health clinic each time you received a vaccination. Please keep in mind that immunization records are maintained for a variable number of years and then usually only by the medical provider who administered the vaccines. As a last resort, and if you are a graduating senior, school personnel may be able to locate immunization records in your cumulative or health folder before you graduate. After you graduate, records are sent to storage and may not be accessible. Shot records or reasonably authentic copies of records (a baby book or school health record) which indicate specific information such as your name, date of birth and the dates of the immunizations should be acceptable documentation of the immunizations you received. These records should be taken to your doctor or local public health clinic for a possible update of your immunization status. A visit to your doctor or public health clinic will be needed to have your Proof of Compliance form signed and/or to interpret your old records in view of the changes in health care standards.

(Please do not sign this compliance form unless the student has proper vaccines or immune tests.)

TO THE PHYSICIAN OR OTHER MEDICAL PROVIDER

The following guidance is presented for the purpose of implementing the requirements of Louisiana R.S. 17:170 and 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).

REQUIREMENTS

Two doses of measles vaccine, at least one dose each of rubella and mumps vaccine and one tetanus diphtheria booster.

MEASLES REQUIREMENT

Two doses of live vaccine given on or after first birthday, in 1968 or later, and without Immune Globulin. A second dose of measles vaccine must meet this same requirement but should not have been given within 30days of the first dose. A history of physician diagnosed measles is acceptable or establishing immunity but should be accepted with caution unless you were the diagnosing physician.

TETANUS-DIPHTHERIA REQUIREMENT

A booster dose of vaccine given within the past ten years. Students can be considered to have completed a primary series earlier in life unless stated otherwise.

IMPORTANT NOTE

In most cases, student compliance will require a second dose of measles vaccine (preferably as MMR) and a dose of tetanus-diphtheria (TD, Adult Type). In cases where no records can be located, or especially when immunization in the past is doubtful, two doses of MMR separated by a minimum of 30days may be indicated. Evidence of vaccination or immunity against measles, rubella, mumps, and tetanus and diphtheria can be established by either reviewing a previous written record of vaccination or administering vaccine now. Serologic testing is acceptable evidence of immunity but should not be routinely performed unless specifically requested by the patient and if testing is appropriate or available. Immunization is preferable to serologic testing because of the relative costs and time. In all instances when vaccine administration is considered, M-M-R (measles, mumps and rubella vaccine, live) and tetanus-diphtheria toxoid (TD, Adult Type) are the products of choice for use in adults unless a specific contraindication is present.