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
### Graduate Programs

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

### Cooperative Programs with other Louisiana Universities:

<table>
<thead>
<tr>
<th>Code</th>
<th>Program Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3010</td>
<td>Master of Arts in English (M.A. with LSU-BR or Louisiana Tech)</td>
</tr>
<tr>
<td>C3020</td>
<td>Master of Arts in History (M.A. with Louisiana Tech)</td>
</tr>
<tr>
<td>T4020</td>
<td>Master of Science in Environmental Science (M.S. with LSUBR)</td>
</tr>
<tr>
<td>C4010</td>
<td>Master of Science (M.S. with LSUHSC-S)</td>
</tr>
</tbody>
</table>

[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: __________________________________________

Local Address: ____________________________________

City: ___________________ State: __________ Zip Code: __________

Permanent Address: ______________________________________

City: ___________________ State: __________ Zip Code: __________

Email: __________________________  Phone: ( ) __________________________

Date of Birth: __________ Place of Birth: __________________________ □ Female □ Male

Citizenship: __________________________  If not U.S. Citizen, type of non-immigrant visa: __________________________

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: __________________________

Address (Street, Apt. #): __________________________

City: __________________________ State: __________ Zip Code: __________

Day Phone: ( ) __________________________

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

Date Entered State Date Released State

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

COMPLETE REVERSE SIDE

For Office Use Only

Application: __________________________

Date received: __________________________

Received by: __________________________

Processed by: __________________________

Date Processed: __________________________

Application Fee: __________________________

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.

<table>
<thead>
<tr>
<th>COLLEGE/UNIVERSITY, CITY, STATE</th>
<th>FROM: Mo/Yr</th>
<th>TO: Mo/Yr</th>
<th>DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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  
Birthday: ____________________

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

<table>
<thead>
<tr>
<th>Measles (Rubeola)</th>
<th>Rubella</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Immunization: (Date)</td>
<td>Immunization: (Date)</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td>2nd Immunization: (Date)</td>
<td>Serologic Test: (Date)</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td>Date of Disease: (Date)</td>
<td>Result: (Date)</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td>Serologic Test: (Date)</td>
<td>Result: (Date)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mumps</th>
<th>Tetanus-Diphtheria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization: (Date)</td>
<td>Immunization: (Date)</td>
</tr>
<tr>
<td>or</td>
<td>(Date within 10 years)</td>
</tr>
</tbody>
</table>

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 30 days 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 30 days 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.