

# School of Public Health

## Louisiana State University Health New Orleans

### Application for MD/MPH Admission

Dr /Mr/Ms/Mrs  
Please circle one

Name First \_\_\_\_\_ Middle Name \_\_\_\_\_ Family Name \_\_\_\_\_ Suffix \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: M  F  Date of Birth \_\_\_\_\_  
Month Day Year

Place of Birth \_\_\_\_\_  
City Parish/County State Country

Driver's License # \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Valid from \_\_\_\_\_ Expiration Date \_\_\_\_\_

Citizen of \_\_\_\_\_ Do you consider yourself a resident of Louisiana? Yes  No   
Country If yes, how many years have you been a Louisiana resident? \_\_\_\_\_

For International Students in the United States: Under what type of visa have you entered? Visa Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a permanent resident card? Yes  No  if yes, give the number of the card \_\_\_\_\_

A copy of your visa card or permanent resident card (green card) and passport must be submitted with the application.

What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino

What is your race? Please mark one or more races to indicate what you consider yourself to be.

White  Black or African American  Asian  American Indian/Alaska Native  Cajun  Creole  Native Hawaiian/Other Pacific Islander

Permanent /Legal Address \_\_\_\_\_  
Street City Parish/County State Country Postal Code

How long have you been living at this address? \_\_\_\_\_

Preferred/Current Address \_\_\_\_\_  
Street City Parish/County State Country Postal Code

Telephone Number: \_\_\_\_\_  
Home: Country code/Area code Number Work: Country/Area code Number Cellular: Country/Area code Number

Email: \_\_\_\_\_

When do you wish to enter? Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Have you received a degree from a college or university? No  Yes  Date of Graduation \_\_\_\_\_

List all colleges or universities attended:

Name	City/State/Country	Dates	Degree
_____	_____	From: _____ To: _____	_____
_____	_____	From: _____ To: _____	_____
_____	_____	From: _____ To: _____	_____
_____	_____	From: _____ To: _____	_____

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

If yes, give name of institution and date of suspension: \_\_\_\_\_

Have you been convicted of a felony? Yes  No

If yes, give details and date of conviction: \_\_\_\_\_

Unofficial Information (This information will facilitate the processing of your application, but will not substitute for the official records.)

Overall Undergraduate GPA (on a 4.0 scale) \_\_\_\_\_ Graduate GPA \_\_\_\_\_

MCAT Test Date \_\_\_\_\_ MCAT Score \_\_\_\_\_

TOEFL (if applicable) Test Date \_\_\_\_\_ Score \_\_\_\_\_

Have you served in the United States' Armed Services? Yes  No  If yes, when? \_\_\_\_\_

Selective Service Requirement (to be completed by male U.S. citizens)

Louisiana State Law (RS 17:3151) requires that you of the LSU System, which includes the LSU Health Sciences Center in New Orleans. Please sign your name below indicating that you are in compliance with state law.

I \_\_\_\_\_ have registered with the selective service system in accordance with the Military Selective Service Act.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Please note your application is not complete until LSUHSC SPH receives your one page goal statement and signed release of application materials from LSU School of Medicine.

**The goal statement should be one page. It MUST be written in your own words. If using a phrase or longer text from other sources (such as the internet or books) you must use quotations and credit the original source. Failure to do so constitutes plagiarism, which is immediate cause for rejection of an application.**

I certify that the information given on this application is correct and complete. I understand that if it is later found to be otherwise, my application will be rejected, or, in the event that I am enrolled, I will be dismissed from the University.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please contact Isabel Billiot at 504/568-5773 or [ibilli@lsuhsc.edu](mailto:ibilli@lsuhsc.edu) or Isha Matta at 504-568-5746 or [imatta@lsuhsc.edu](mailto:imatta@lsuhsc.edu) with any questions.**

**Please submit application materials to:**

Isabel M. Billiot, M.Ed  
Coordinator of Admissions & Student Affairs  
LSUHSC School of Public Health  
2020 Gravier Street, Third Floor  
New Orleans, LA 70112  
[ibilli@lsuhsc.edu](mailto:ibilli@lsuhsc.edu)

Revised March 21, 2017