

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: Summer Year: _____

MD/MPH Program - Choose Concentration: Behavioral/Community Health Sciences Biostatistics Environmental/Occupational Health Sciences
 Epidemiology Health Policy and Systems Management

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 or Isha Matta at 504-568-5746 or 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

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