

DEPARTMENT OF BIOCHEMISTRY AND MOLECULAR BIOLOGY
SCHOOL OF GRADUATE STUDIES
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SHREVEPORT, LOUISIANA

Preliminary Application for Graduate Study

Name: _____ Desired start date _____
(quarter/year)

How did you learn of our program: Poster/Card Career Day Personal Contact
 Other (Specify) _____

PERSONAL DATA:

Social Security no.: _____ Male Female

Present mailing address: _____

Telephone numbers:

Work: (____) _____ Home: (____) _____

Cell: (____) _____ Permanent: (____) _____

E-mail address: _____

Date of birth: _____ Place of birth: _____

Citizenship: _____ (If not U.S.) current Visa status: _____

Note: The questions in this section are voluntary. Your response will not affect our consideration of your application for admission.

Hispanic or Latino? Yes No

Check which apply: American Indian / Alaska Native Asian African American

Native Hawaiian / Other Pacific Islander Caucasian

GRE test date: _____ Month _____ Year _____ GRE Scores: V. _____ % below Q. _____ % below A. _____ % below

GRE subject test: _____ Month _____ Year _____ Test name: _____ Score _____ % below

If you are a Foreign Student and English is not your primary language, have you taken the Tests of English as a Foreign Language (TOEFL)?

Yes What was your score? _____ No When will you take it? _____

COLLEGES AND UNIVERSITIES ATTENDED:

<u>Name of Institution</u>	<u>Major</u>	<u>GPA</u>	<u>Dates</u>	<u>Degree</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT RECORD:

<u>Names and Addresses of Recent Employers</u>	<u>Title / Duties</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____

List names and addresses of persons asked to write letters of reference.

Name

Address

STATEMENT OF GOALS: Please attach a statement of your academic and professional goals, and describe your reasons for selecting a graduate program in Biochemistry and Molecular Biology.

COURSES: List courses in biology, biochemistry, chemistry and other science and mathematics areas that you have taken.

Course Title

Course No.

Credits

Grade

TEACHING: List any teaching experience you have had.

LABORATORY EXPERIENCE: Attach a statement of any research experience you have had, including any publications.

HONORS: List academic honors, scholarships, etc., giving awarding institution and dates.

SCIENTIFIC SOCIETIES: List membership in scientific societies.

OTHER: List any other things about yourself which may be relevant but which are not covered above.

Certificate

I certify that to the best of my knowledge, the information given on this application is correct and complete. I understand that if it is later found out to be otherwise, my application may be rejected, or in the event that I am enrolled, I may be subject to dismissal from the University.

_____ Date

_____ Signature

RETURN COMPLETED FORM TO:

Dr. Robert E. Rhoads, Professor and Head
Department of Biochemistry and Molecular Biology
LSU Health Sciences Center - Shreveport
1501 Kings Highway
Shreveport, LA 71103