

# Graduate School Admission

In order to take classes and workshops for graduate credit, you must first be admitted to ULM Graduate School. If you have taken graduate classes in the last two years, then your enrollment is current, and you do not need to apply for admission. If your application is no longer current or if you are a first-time ULM student, submit all forms with a \$20 application fee.

No application for admission will be considered until all forms, transcripts, and application fee are received.

## Application for Admission to ULM Graduate School

The Application for Admission to ULM Graduate School can be found on pages 2–3 of this document. Alternately, you can download the document from <http://www.ulm.edu/enroll/GApp.pdf>.

## Proof of Immunization

Proof of Immunization must be filled out only if you have never been a student at ULM *and* were born on or after January 1, 1957. Rather than have a doctor sign this form, you can request the exemption if you wish. Fill out waiver both the top and bottom of the second page of the form. Don't forget sign the form.

The Proof of Immunization Form can be found on pages 4–5 of this document. Alternately, you can download the document from <http://www.ulm.edu/enroll/IForm.pdf>.

## Advising Flag Removal

The Advising Flag Removal Form allows you to register without being advised by an academic advisor. Fill out the top, check non-degree status, and circle 6 hours and sign.

The Advising Flag Removal Form can be found on page 6 of this document. Alternately, you can download the document from <http://www.ulm.edu/ced/downloads/Advising.pdf>.

## Transcripts

Send copies of transcripts from each university listed on your application. If you have unofficial transcripts, mail or fax them with your application so you can be admitted provisionally. Official transcripts must be sent directly from the universities that you have attended.

If you need to request transcripts, you can use the Request for Transcripts Form found on page 7 of this document. Alternately, you can download the document from <http://www.ulm.edu/enroll/OffTrans.pdf>.

## Notes

Please return all forms and the application fee to me at the address below.

Marilyn McIntosh  
ULM Division of Continuing Education  
700 University Avenue – Hanna 241  
Monroe, LA 71209

Phone: 318-342-1031  
Fax: 318-342-1049  
Email: [mcintosh@ulm.edu](mailto:mcintosh@ulm.edu)



Office of Graduate Studies and Research
Monroe, Louisiana 71209-0600

(318) 342-5257 or toll-free (800) 372-5127
www.ulm.edu

A Member of the University of Louisiana System

DO NOT WRITE IN THIS SPACE FOR UNIVERSITY USE ONLY
Resident Out Of State
State Parish

APPLICATION FOR GRADUATE SCHOOL ADMISSION

To be eligible for admission to the Graduate School, the applicant must hold a bachelor's degree from a regionally accredited college or university and must satisfy the ULM general admission requirements. Refer to the Graduate Catalog for the ULM admission requirements. To inquire about a graduate assistant position, please contact Graduate Studies at (318) 342-1036.

DOCUMENTS SUBMITTED TO MEET ADMISSIONS AND RESIDENCY REQUIREMENTS BECOME THE PROPERTY OF ULM AND MAY NOT BE RETURNED.

TYPE OR PRINT IN INK AND COMPLETE ALL ITEMS.

ENROLLMENT

WHEN DO YOU PLAN TO ENROLL AT ULM?
FALL Year SPRING Year FIRST SUMMER Year SECOND SUMMER Year

This application and fee are valid for six consecutive terms (first and second summer sessions are considered one term). If you do not attend during the term you have indicated on this application, you must contact the Graduate Studies Office to re-activate your application.

PERSONAL DATA

NAME (Give full legal name. Do not use initials unless initials are your legal name.) Former last names used on transcripts

Last First Middle

SOCIAL SECURITY NUMBER DATE OF BIRTH GENDER RELIGIOUS PREFERENCE (Optional)

Form fields for Social Security Number, Date of Birth, Gender (Male/Female), and Religious Preference.

RACE (CHECK ONE) This information is voluntary and will be used in a non-discriminatory manner consistent with applicable civil rights laws.

AMERICAN INDIAN OR ALASKAN NATIVE ASIAN OR PACIFIC ISLANDER (ORIENTAL) BLACK HISPANIC WHITE OTHER (LIST)

PERMANENT ADDRESS

No. & Street City Parish State Zip Code

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? HOME PHONE ( ) E-MAIL ADDRESS

Years Months WORK PHONE ( )

PRIOR ADDRESS

No. & Street City State Zip Code HOW LONG? Years Months

WILL YOU BE AN INCOME TAX DEPENDENT OF YOUR PARENTS AND/OR GUARDIAN DURING YOUR ENROLLMENT AT THE UNIVERSITY OF LOUISIANA AT MONROE? IF YOU NEED ASSISTANCE BECAUSE OF A DISABILITY, PLEASE CONTACT THE ULM COUNSELING CENTER (318-342-5220).

Yes No Should this status change, it is your responsibility to notify the Registrar's Office in writing.

ARE YOU A UNITED STATES CITIZEN? IF NO, COUNTRY OF CITIZENSHIP COUNTRY OF BIRTH VISA TYPE TOEFL SCORE

Yes No

IN CASE OF EMERGENCY, LIST NAME OF NEXT-OF-KIN (Mother, Father, Guardian, Spouse, Brother, Sister) Home Phone

Name Address Relationship to you

EDUCATIONAL DATA

Have you ever enrolled at ULM? Yes No Dates attended:

Table with columns: LIST NAME AND LOCATION (CITY AND STATE) OF ALL COLLEGES ATTENDED INCLUDING ULM, DATES ATTENDED (Fm To), Date Graduated, Degree Earned, Major.

Currently enrolled? Yes No Where? Name of Institution When does this session end? Month Year

Graduate entrance examination? GMAT GRE Test Date Month Year Not yet taken

Please indicate below the degree and major you plan to pursue (see reverse side):

Degree Major

NOTE: FINAL ACTION TO DETERMINE ELIGIBILITY FOR ADMISSION TO GRADUATE SCHOOL WILL NOT BE ACTED UPON UNTIL COMPLETE OFFICIAL TRANSCRIPTS ARE RECEIVED FROM EACH INSTITUTION ATTENDED, REGARDLESS IF THESE CREDITS APPEAR ON ANOTHER SCHOOL'S TRANSCRIPT.

PROOF OF IMMUNIZATION

ALL NEW STUDENTS BORN ON OR AFTER JANUARY 1, 1957, ARE REQUIRED TO SUBMIT PROOF OF IMMUNIZATION FOR MEASLES-RUBELLA-MUMPS (LOUISIANA R.S. 17:170, SCHOOLS OF HIGHER LEARNING) PRIOR TO REGISTRATION. Appropriate form available in Graduate Studies. Return to: The University of Louisiana at Monroe, ULM Student Health Services 1140 University Avenue, Monroe, LA 71209. Phone: 318-342-5238; fax: 318-342-5239.

# GRADUATE PROGRAMS

(Check Desired Program)

## DOCTOR OF EDUCATION

- EDCI Curriculum and Instruction
- EDEL Educational Leadership

## DOCTOR OF PHILOSOPHY

- PPhD Pharmacy, areas:
  - Medicinal Chemistry
  - Pharmacology/Toxicology
  - Pharmaceutics
  - Pharmacy Administration
  - Pharmacognosy
- MPhD Marriage & Family Therapy

## SPECIALIST IN SCHOOL PSYCHOLOGY

- SPSS Specialist in School Psychology

## MASTER OF ARTS IN TEACHING

- ECMC Early Childhood Ed Alt Cert (PK-3)
- EMAC Elem Ed Alt Certification (1-6)
- SEMC Sec Ed Alt Cert (7-12)
- SPMC Spec Ed Alt Cert Mild/Mod (1-12)
- MARG Multiple Levels GR K-12

## MASTER OF BUSINESS ADMINISTRATION

- BMBA Business Administration

## MASTER OF ARTS

- CMMA Communication
  - Mass Communication
  - Speech Communication/Theater
- CJMA Criminal Justice
- ENMA English
- GEMA Gerontology, areas
  - Long-Term Care Administration
  - Program Administration
  - Aging Studies
- HNMA History
- MAFT Marriage & Family Therapy
- MASA Substance Abuse Counseling

## MASTER OF EDUCATION

- CIME Curriculum & Instruction, majors:
  - Early Child Ed
  - Elemen Ed
  - Instruc Techn Faci
  - Middle School Ed
  - Reading
  - Secondary Ed
  - CNME Counseling
- EDTL Educational Technology Leadership
- ELME Educational Leadership
- SPEM Special Education

## MASTER OF MUSIC

- MMMU Music

## MASTER OF SCIENCE

- BIMS Biology
- CDMA Communication Disorders
- ESMS Exercise Science
- PSCM Pharmaceutical Sciences, areas:
  - Hospital Pharmacy
  - Pharmaceutics
  - Pharmacology/Toxicology
  - Toxicology
  - Pharmacy Administration
  - Pharmacognosy
  - Medicinal Chemistry

## NONDEGREE/CERTIFICATE PROG

- NDGR Nondegree
- PLUS + 30
- GERT Gerontology (certificate only)
- TCER Teacher Certificate only
- ACER Administrative Certification
- Alternative Certification
  - EEPT Elementary Education Practitioner
  - SEPT Secondary Education Practitioner
  - SPPT Special Education Practitioner

Some departments may stipulate additional admission requirements. Contact the department of your chosen major for further instructions.

### RESIDENCY INFORMATION FOR TUITION PURPOSES

#### MARK THE APPROPRIATE BOX

- If you are not attempting to establish Louisiana residency, you are directed to complete Part IV only.
- If you have lived in Louisiana for the past two years, complete Part IV only.
- If you have lived in Louisiana for less than two years, complete Part I, II or III and Part IV.

State supported colleges are required to collect documentary evidence of a student's Louisiana residency immediately prior to enrollment. The Graduate Studies Office reserves the right to determine the validity of the documents submitted and to request additional information in order to comply with state residency requirements.

#### PART I: CLAIM FOR RESIDENCY BASED ON SELF

HOW LONG HAVE YOU LIVED IN LOUISIANA? Year(s) _____ Month(s) _____		PREVIOUS STATE OR COUNTRY OF RESIDENCE			
IF YOU CAME HERE WITHIN THE PAST 2 YEARS, WHY DID YOU MOVE TO LOUISIANA? <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Job Transfer <input type="checkbox"/> Other			IF OTHER, PLEASE EXPLAIN		
DRIVER'S LICENSE NUMBER	IS THIS A NEW OR RENEWED LICENSE? <input type="checkbox"/> New <input type="checkbox"/> Renewed	STATE ISSUED	EXP. DATE	ADDRESS ON DRIVER'S LICENSE	
HAVE YOU BEEN EMPLOYED IN LOUISIANA IN THE PAST 12 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No		EMPLOYER'S NAME			
EMPLOYER'S ADDRESS		EMPLOYER'S PHONE	PERIOD OF TIME EMPLOYED From _____ To _____	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	

#### PART II: CLAIM FOR RESIDENCY BASED ON PARENT, SPOUSE, OR LEGAL GUARDIAN

NAME OF PERSON UPON WHOM CLAIM IS BASED Last _____ First _____		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Legal Guardian	CURRENT ADDRESS		
IS PERSON A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW LONG HAVE THEY LIVED IN LOUISIANA? Year(s) _____ Month(s) _____	IF THEY CAME HERE WITHIN THE PAST 2 YEARS, WHY DID THEY MOVE TO LOUISIANA? <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Job Transfer <input type="checkbox"/> Other		IF OTHER, PLEASE EXPLAIN	
IF EITHER OF YOUR PARENTS (MOTHER OR FATHER ONLY) IS A GRADUATE OF THE UNIVERSITY OF LOUISIANA AT MONROE, PLEASE NOTE BELOW:					
Parent's complete name while attending ULM		Parent's date of birth	Parent's Social Security Number	Parent's graduation date	

#### PART III: CLAIM FOR RESIDENCY BASED ON ACTIVE MILITARY ASSIGNMENT IN LA of Self, Parent, Spouse, or Legal Guardian

NAME OF PERSON ON ACTIVE DUTY Last _____ First _____ Middle _____			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Legal Guardian	HOME OF RECORD (DOCUMENTS MUST BE SUBMITTED)
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#### PART IV

Complete, sign, and return application with \$20.00 (check or money order — NO CASH) non-refundable application fee (\$30.00 for international students) to The University of Louisiana at Monroe, Office of Graduate Studies and Research, Monroe, LA 71209. This application and fee are valid for six consecutive terms (first and second summer sessions are considered one term).

I understand I must meet eligibility requirements of my major as outlined in the ULM Graduate catalog. Admission to the University does not constitute admission to a degree program. I understand information submitted herein will be relied upon by college/university officials to determine my status for admission and residency eligibility. I authorize the college/university to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided. I certify, the information on this application is complete and correct. I understand the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I certify, if applicable, I have registered with the Selective Service prior to enrollment at ULM. I do hereby authorize Louisiana public postsecondary education access to my academic records. I agree to allow ULM to share my academic records with other academic institutions for purposes of cross-enrollment and referral.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_



# PROOF OF IMMUNIZATION COMPLIANCE

**Louisiana R.S. 17:170/170.1 Schools of Higher Learning** - This Louisiana law requires that all first-time ULM students born on or after January 1, 1957, and re-entering students who have been out of school one semester or longer and were born on or after January 1, 1957, to provide proof of immunization for Measles, Mumps, Rubella, Tetanus-Diphtheria, and Meningitis. Students not meeting the MMR, Td, and MGC requirement will be prevented from registering for subsequent semesters.

Please Print

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ CWID Number: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Your high school, private physician or your local public health clinic may be able to assist you in locating your immunization records. Once located, this Proof of Immunization Compliance Form and your immunization record should be taken to your physician or public health clinic for verification, documentation, and to update your status if needed. The completed form must be returned to the Student Health Center in order for you to complete registration. Attachments of records that have been validated are acceptable.

## IMMUNIZATION REQUIREMENTS FOR ULM STUDENTS

A physician or health care provider must complete this section.

### UNIVERSITY REQUIRED IMMUNIZATIONS:

Note: In most cases, student compliance will require a second dose of measles (preferably as MMR) and a dose of tetanus-diphtheria (TD - adult type). In cases where no records can be located, or when immunizations in the past are 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 TD can be established by either reviewing a previous written record of vaccination or administering vaccine now. Serologic testing is acceptable but should not be routinely performed unless the patient specifically requests it. Practically speaking, immunization is preferable to serologic testing because of the relative costs and time. If serologic testing is used, IGG testing is required.

**MMR (Measles, Mumps, Rubella):** Two doses of vaccine required. The first dose must have been given after the first birthday, in 1968 or later, and without Immune Globulin. A second dose must meet the same requirements, but should not have been given within 30 days of the first dose.

### MMR

Date of 1st dose \_\_\_\_\_  
Date of 2nd dose \_\_\_\_\_

OR

**Measles (Rubeola):** Two doses of live vaccine required. The first dose must have been given after the first birthday, in 1968 or later, and without Immune Globulin. A second dose must meet the same requirements, but should not have been given within 30 days of the first dose. History of physician- diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

### Measles

Date of 1st dose \_\_\_\_\_  
Date of 2nd dose \_\_\_\_\_  
Date of Disease \_\_\_\_\_  
Date of IGG Serologic Test \_\_\_\_\_ Results \_\_\_\_\_

**Rubella:** At least one dose required.

### Rubella

Immunization date \_\_\_\_\_  
Date of Disease \_\_\_\_\_  
Date of IGG Serologic Test \_\_\_\_\_ Results \_\_\_\_\_

**Mumps:** At least one dose required.

### Mumps

Immunization date \_\_\_\_\_  
Date of Disease \_\_\_\_\_  
Date of IGG Serologic Test \_\_\_\_\_ Results \_\_\_\_\_

AND

**Tetanus-Diphtheria:** A booster dose of vaccine given within the past 10 years is required provided the student previously completed the primary series.

### Tetanus-Diphtheria

Immunization date \_\_\_\_\_

**Meningococcal** (One dose—preferably at entry into college)  
Quadrivalent vaccine (A, C, Y, W-135) .....

### Meningococcal

Immunization date: \_\_\_\_\_  
Vaccine Type: \_\_\_\_\_

PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.

\_\_\_\_\_  
(Signature of Physician or Other Health Care Provider)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print office address or stamp here



OFFICE OF GRADUATE STUDIES AND RESEARCH  
THE UNIVERSITY OF LOUISIANA AT MONROE  
MONROE, LOUISIANA 71209

## ADVISING FLAG REMOVAL

(Please Print or Type)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date: \_\_\_\_\_ Catalog: \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ I am working on Teacher Certification (TCER) and understand that I need to be advised by the College of Education and Human Development and that no more than 6 12 (circle the appropriate number) hours taken in non-degree status can be counted toward a degree if I change to degree status.

\_\_\_\_\_ I am working on Administrative Certification (ACER) and understand that I need to be advised by the College of Education and Human Development that no more than 6 12 (circle the appropriate number) hours taken in non-degree status can be counted toward a degree if I change to degree status.

\_\_\_\_\_ I am working on Plus 30 that no more than 6 12 (circle the appropriate number) hours taken in non-degree status can be counted toward a degree if I change to degree status.

\_\_\_\_\_ I am in non-degree status and understand that no more than 6 12 (circle the appropriate number) hours taken in non-degree status can be counted toward a degree if I change to degree status.

\_\_\_\_\_ I am in non-degree status and plan to fill out a "Request for Change of Admission Status" form. I understand that no more than 6 12 (circle the appropriate number) hours taken in non-degree status can be counted toward a degree if I change to degree status.

\_\_\_\_\_ I am being admitted Provisionally and understand that I can only take six (6) hours and then I must submit acceptable GRE/GMAT scores.

\_\_\_\_\_ Other (Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Staff Removing Advising Flag

Rev. 6/05

**THE UNIVERSITY OF LOUISIANA AT MONROE**

**REQUEST FOR OFFICIAL TRANSCRIPT**

**TO: REGISTRAR'S OFFICE**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
Institution

\_\_\_\_\_  
City State Zip code

Please send an official copy of my transcript to:

The University of Louisiana at Monroe  
Division of Enrollment Management  
Office of Admissions  
Monroe, LA 71209-1115

I attended your institution under the name \_\_\_\_\_  
(Print full name)

I last attended your institution in \_\_\_\_\_  
(Semester) (Year)

For identification purposes, my date of birth is \_\_\_\_\_

and my social security number is \_\_\_\_\_

**TRANSCRIPT SHOULD BE SENT AFTER FINAL GRADES ARE RECORDED.**

Sincerely,

\_\_\_\_\_  
Signature (IMPORTANT)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip code

**NOTE TO STUDENT:** Most colleges and universities require advance payment for transcripts. Contact them for appropriate amount and attach payment to this request.

**NOTE:** Official transcripts are required for admission to The University of Louisiana at Monroe. The transcript goes from the sending institution to ULM and does not pass through the student's hands.

**NOTE:** OFFICIAL transcripts are required from each institution attended, regardless if the credits appear on another school's transcript.