



Graduate School

George T. Walker Hall, Room 2-37
700 University Avenue
Monroe, LA 71209-1160
(318) 342-1036 or toll-free (800) 372-5127
fax (318) 342-1042 • www.ulm.edu

A Member of the University of Louisiana System • AA/EOE

DO NOT WRITE IN THIS SPACE FOR UNIVERSITY USE ONLY
Resident Out Of State
State Parish
CK# M.O.#

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 the Graduate School 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. APPLICATION MUST BE SUBMITTED WITH \$20 CHECK OR MONEY ORDER. (\$30 INTERNATIONAL)

ENROLLMENT

WHEN DO YOU PLAN TO ENROLL AT ULM? FALL WINTER SESSION SPRING FIRST SUMMER SECOND SUMMER
Year Year Year Year 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 School 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)
ETHNICITY (Optional): RACE: MARK ONE OR MORE: This information is voluntary and will be used in a non-discriminatory manner consistent with applicable civil rights laws.
HISPANIC/LATINO AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE
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).
ARE YOU A UNITED STATES CITIZEN? IF NO, COUNTRY OF CITIZENSHIP COUNTRY OF BIRTH VISA TYPE TOEFL SCORE
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 5 columns: LIST NAME AND LOCATION (CITY AND STATE) OF ALL COLLEGES ATTENDED INCLUDING ULM, Listing most recent first. ATTACH SEPARATE SHEET, IF NECESSARY. Dates Attended (Fm (Mo/Yr) To (Mo/Yr)), Date Graduated, Degree Earned, Major.

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

Graduate entrance examination? GRE GMAT (MBA only) 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 online at http://www.ulm.edu/gradschool/GradSchoolForms.html. 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 PHILOSOPHY

- PPHD Pharmacy, areas:
 - Medicinal Chemistry
 - Pharmacology/Toxicology
 - Pharmaceuticals
 - Pharmacy Administration
 - Pharmacognosy
- MPH Marriage & Family Therapy

MASTER OF ARTS

- CMMA Communication
 - Mass Communications
 - Communication Studies
- ENMA English
- HNMA History
- MAFT Marriage & Family Therapy

MASTER OF BUSINESS ADMINISTRATION

- BMBA Business Administration

MASTER OF SCIENCE

- BIMS Biology
- SLPM Speech-Language Pathology
- ESMS Exercise Science
- PSMS Psychology

NONDEGREE/CERTIFICATE PROG

- NDGR Nondegree
- PLUS 30

NONDEGREE/CERTIFICATE PROG (Cont)

- DGRC Gerontology (certificate only)
- TCER Teacher Certificate only*
- ETCH eTeach
- ELAP Ed. Leadership Alternative Path

DEGREES OFFERED ONLINE

- DOCTOR OF EDUCATION
 - DDCI Curriculum and Instruction*

DOCTOR OF PHILOSOPHY

- DMFT Marriage and Family Therapy

MASTER OF ARTS

- DCJM Criminal Justice
- DLGM Gerontology, areas
 - Long-Term Care Administration
 - Program Administration
 - Aging Studies
- DHMA History

MASTER OF ARTS IN TEACHING (Teach Delta Region)

- DEGA Elem Ed Alt Certification (1-5)
- DSGA Sec Ed Alt Certification (6-12)
- DESE Spec Ed Alt Certification Mild/Moderate (1-5)
- DMAR Multiple Levels GR K-12
- DSSE Spec Ed Sec Alt Certification Mild/Moderate (6-12)
(To obtain certification)

MASTER OF BUSINESS ADMINISTRATION

- DMBA Business Administration

MASTER OF EDUCATION

- DLCI Curriculum & Instruction, areas:
 - Early Child Education*
 - Elementary Education*
 - ESL (no certification needed)
 - Middle School Education*
 - Reading*
 - Secondary Education*
 - Special Education*
 - Educational Diagnostics*
 - Mild/Moderate Disabilities*
 - Early Intervention*
 - Academically Gifted*
- DETL Educational Technology Leadership
 - P12 Track*
 - Non-P12 Track
- DLEL Educational Leadership*

MASTER OF SCIENCE

- DMHC Clinical Mental Health Counseling
 - Clinical Mental Health Counseling
 - Georcounseling
 - School Counseling

*Must be certified

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 School 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 School, 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 and to allow my photograph to be used in University publications.

APPLICANT'S SIGNATURE _____ DATE: _____