



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

(318) 342-1036 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 [ ] WINTER SESSION 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)

[ ] Male [ ] Female

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 5 columns: LIST NAME AND LOCATION (CITY AND STATE) OF ALL COLLEGES ATTENDED INCLUDING ULM, DATES ATTENDED (Fm To), Date Graduated, Degree Earned, Major. Includes instruction: ATTACH SEPARATE SHEET, IF NECESSARY.

Currently enrolled? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_ When does this session end? \_\_\_\_\_

Name of Institution Month Year

Graduate entrance examination? GMAT \_\_\_ GRE \_\_\_ Test Date \_\_\_ 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 or 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 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

- EGAC Elem Ed Alt Certification (1-5)
- SGAC Sec Ed Alt Certification (6-12)
- SPMC Spec Ed Alt Certification Mild/Moderate (1-12)
- MARG Multiple Levels GR K-12

## MASTER OF BUSINESS ADMINISTRATION

- MBMA Business Administration

## MASTER OF ARTS

- CMMA Communication
  - Mass Communications
  - Communication Studies
- 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, areas:
  - Early Child Ed
  - Elemen Ed
  - Instruc Techn Faci
  - Middle School Ed
  - Reading
  - Secondary Ed
  - Special Education
- CNME Counseling
- EDTL Educational Technology Leadership
- ELME Educational Leadership

## 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
- PSMS Psychology

## NONDEGREE/CERTIFICATE PROG

- NDGR Nondegree
- PLUS + 30
- GERT Gerontology (certificate only)
- TCER Teacher Certificate only
- ACER Administrative Certification

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

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_