



Graduate School
 Administration Building 1-142
 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/EEO

**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

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 _____ 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 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 Male Female RELIGIOUS PREFERENCE (Optional) _____

ETHNICITY: RACE: MARK ONE OR MORE:
 HISPANIC/LATINO Yes No 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 HOW LONG?
 No. & Street _____ City _____ State _____ Zip Code _____ 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?
 Yes No Should this status change, it is your responsibility to notify the Registrar's Office in writing.

IF YOU NEED ASSISTANCE BECAUSE OF A DISABILITY, PLEASE CONTACT THE ULM COUNSELING CENTER (318-342-5220).

ARE YOU A UNITED STATES CITIZEN? Yes No 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 _____

EDUCATIONAL DATA

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

LIST NAME AND LOCATION (CITY AND STATE) OF ALL COLLEGES ATTENDED INCLUDING ULM, LISTING MOST RECENT FIRST. ATTACH SEPARATE SHEET, IF NECESSARY.	Dates Attended		Date Graduated	Degree Earned	Major
	Fm (Mo/Yr)	To (Mo/Yr)			

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

Graduate entrance examination? GRE _____ GMAT _____ Test Date _____ Not yet taken _____
(MBA only) Month Year

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

DOCTOR OF PHILOSOPHY

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

DOCTOR OF EDUCATION

- EDCI Curriculum and Instruction
- EDEL Educational Leadership

SPECIALIST IN SCHOOL PSYCHOLOGY

- SPSS Specialist in School Psychology

MASTER OF ARTS IN TEACHING (Teach Delta Region)

- 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
(To obtain certification)

MASTER OF BUSINESS ADMINISTRATION

- BMBA 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
- ETCH eTeach

*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? PREVIOUS STATE OR COUNTRY OF RESIDENCE

Year(s) _____ Month(s) _____

IF YOU CAME HERE WITHIN THE PAST 2 YEARS, WHY DID YOU MOVE TO LOUISIANA? IF OTHER, PLEASE EXPLAIN

- Education Employment Job Transfer Other

DRIVER'S LICENSE NUMBER IS THIS A NEW OR RENEWED LICENSE? STATE ISSUED EXP. DATE ADDRESS ON DRIVER'S LICENSE

- New Renewed

HAVE YOU BEEN EMPLOYED IN LOUISIANA IN THE PAST 12 MONTHS? EMPLOYER'S NAME

- Yes No

EMPLOYER'S ADDRESS EMPLOYER'S PHONE PERIOD OF TIME EMPLOYED Part-Time

From _____ To _____ Full-Time

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

NAME OF PERSON UPON WHOM CLAIM IS BASED Parent Spouse CURRENT ADDRESS

Last First Legal Guardian

IS PERSON A U.S. CITIZEN? HOW LONG HAVE THEY LIVED IN LOUISIANA? IF THEY CAME HERE WITHIN THE PAST 2 YEARS, WHY DID THEY MOVE TO LOUISIANA? IF OTHER, PLEASE EXPLAIN

- Yes No Year(s) _____ Month(s) _____ Education Employment Job Transfer Other

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 Self Spouse HOME OF RECORD (DOCUMENTS MUST BE SUBMITTED)

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: _____