



**Office of Recruitment/Admissions**  
 Sandel Hall, 700 University Avenue  
 Monroe, Louisiana 71209-1160  
 (318) 342-5430 or toll-free 800-372-5127  
 fax: (318) 342-1915 • website: www.ulm.edu

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

**DO NOT WRITE IN THIS SPACE**

Resident \_\_\_\_\_ Out Of State \_\_\_\_\_

State \_\_\_\_\_ Parish \_\_\_\_\_

Ck# \_\_\_\_\_ M.O.# \_\_\_\_\_

**APPLICATION FOR UNDERGRADUATE ADMISSION**

*DOCUMENTS SUBMITTED TO MEET ADMISSION 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 \$20.00 CHECK OR MONEY ORDER.**

**ENROLLMENT**

WHEN DO YOU PLAN TO ENROLL AT ULM?  FALL 20\_\_\_\_  FIRST SUMMER 20\_\_\_\_  SECOND SUMMER 20\_\_\_\_  SPRING 20\_\_\_\_

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 Admissions Office to re-activate your application.

**PERSONAL DATA**

NAME (Give full legal name. Do not use nicknames or 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: (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) \_\_\_\_\_

MAILING ADDRESS  
 No. & Street \_\_\_\_\_ City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?  
 Years \_\_\_\_\_ Months \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 WORK PHONE ( ) \_\_\_\_\_ Parent E-Mail Address \_\_\_\_\_

PRIOR HOME 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 ULM?  
 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)**  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship to you \_\_\_\_\_ ( )

**SELECTIVE SERVICE - (for U.S. males between the ages of 18 and 26)**

I hereby swear or affirm under penalty of perjury, in accordance with the requirements of the military selective service act and the requirements of state law R.S. 17:3151, the following: **(Check One)**

\_\_\_\_\_ I have registered or will register with the Selective Service (Registration with Selective Service must be completed before university enrollment) Home Phone \_\_\_\_\_

\_\_\_\_\_ I am not required to register with the Selective Service for the following reason: \_\_\_\_\_

**EDUCATIONAL DATA**

NAME, CITY, & STATE OF LAST HIGH SCHOOL ATTENDED \_\_\_\_\_ DID YOU (OR WILL YOU) GRADUATE FROM HIGH SCHOOL?  Yes (Year of Graduation: \_\_\_\_\_)  No  GED DATES ATTENDED HIGH SCHOOL? Fm: Mo.\_\_\_\_Yr.\_\_\_\_ To: Mo.\_\_\_\_Yr.\_\_\_\_ HAVE YOU TAKEN THE ACT?  Yes (Test Date: Mo.\_\_\_\_ Yr.\_\_\_\_)  No

**GED GRADUATES** must submit their official GED test scores and request their official ACT scores be provided to the Recruitment/Admissions Office.

**HIGH SCHOOL STUDENTS** official high school transcript (both current and after graduation) and official ACT scores must be provided to the Recruitment/Admissions Office.

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		Hours/Credits	Degree, Cert. Received (if any)	Currently on Suspension	
	Fm (Mo/Yr)	To (Mo/Yr)			Y	N

**NOTE: OFFICIAL TRANSCRIPTS FOR ALL PREVIOUS COLLEGE WORK (EXCEPT ULM) MUST BE SUBMITTED. STUDENTS UNDER CURRENT SUSPENSION AND THOSE WHO CANNOT FURNISH OFFICIAL TRANSCRIPTS BECAUSE OF INDEBTEDNESS ARE NOT ELIGIBLE TO ENROLL AT ULM.**

**COLLEGE TRANSFER STUDENTS** must have official transcripts from EACH college or university previously attended sent to the Admissions Office, regardless if credits appear on another transcript. An official transcript is defined as one mailed directly from one institution to another. It bears the institution's seal, the signature of the registrar, and the date of issuance. If you have earned less than 24 semester hours, official ACT scores and official high school transcript must be submitted.

## UNDERGRADUATE DEGREE PROGRAMS

(See University Catalog for Specialty Areas)

### CHECK ONLY ONE MAJOR:

#### COLLEGE OF ARTS AND SCIENCES

- AGRB Agribusiness
- ART Art (B.F.A.)
- ATSC Atmospheric Sciences
- \*BIOL Biology
- CDYC Care and Development of Young Children (Assoc. Degree)
- \*CHEM Chemistry
- CRJU Criminal Justice
- CJAD Criminal Justice (Assoc. Degree)
- ENGL English
- FCSC Family and Consumer Sciences
- LFLF Foreign Language—French
- LFLS Foreign Language—Spanish
- GSBA General Studies
- GSAD General Studies (Assoc. Degree)
- POLS Political Science
- HIST History
- MCOM Mass Communications
- MAPS Mathematics
- MSBM Music (B.M.)
- \*PSOW Pre-Social Work
- SOC Sociology
- CMST Communication Studies

#### COLLEGE OF BUSINESS ADMINISTRATION

- ACCT Accounting
- AVIA Aviation
- CIS Computer Information Systems
- COSC Computer Science
- CMGT Construction Management
- ECON Economics
- ENTR Entrepreneurship
- FINA Finance
- GBUS General Business
- RMIN Risk Management and Insurance
- MGMT Management
- MRKT Marketing

#### COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT

- Teacher Education Curricula**
- AREG Art Education-Grades K-12
  - BIED Biology Education-Grades 6-12
  - CHED Chemistry Education-Grades 6-12
  - ELGR Elementary Education-Grades 1-5
  - ENGR English Education-Grades 6-12
  - ESED Earth Science Education-Grades 6-12

- FCSE Family & Consumer Education-Grades 6-12
- FREK French Education-Grades K-12
- HPEG Health & Physical Education-Grades K-12
- KINS Kinesiology
- MATG Math Education-Grades 6-12
- MEIK Instrumental Music Education-Grades K-12
- MVOK Vocal Music Education-Grades K-12
- MVIK Vocal and Instrumental Music Education-Grades K-12
- SOSG Social Studies Education-Grades 6-12
- SPCG Speech Education-Grades 6-12
- SPEK Spanish Education-Grades K-12
- KCER Teacher Certification Only (Bachelor's Degree required)
- \*PSYC Psychology

#### COLLEGE OF HEALTH SCIENCES

- HSMM Healthcare Management and Marketing Options
- HSPP Health Studies Pre-Professional Options
- \*PSLP Speech-Language Pathology

- \*PDHG Dental Hygiene
- \*PNRS Nursing
- \*POTA Occupational Therapy Assisting (Assoc. Degree)
- \*PRTE Radiologic Technology
- \*PCLS Clinical Laboratory Science

#### COLLEGE OF PHARMACY

- \*PRPH Pharmacy
- PTOX Toxicology

\*\*Pre-Dentistry, Pre-Medicine, and Pre-Optometry students should indicate Biology or Chemistry as a major.

I AM UNDECIDED ABOUT MY MAJOR  
 UNDECLARED

\*General admission is offered to the pre-professional areas by the Admissions Office. Admission to a professional program is granted only by the specific College. Students who have completed pre-curriculum course requirements should also contact appropriate academic department for professional program applications.

## 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), MENINGOCOCCAL MENINGITIS, LOUISIANA ACTS 251 AND 711, PRIOR TO REGISTRATION.** Appropriate form available in Admissions or the Office of Student Services. Return to: The University of Louisiana Monroe, Student Health Center, 700 University Avenue, Monroe, LA 71209. Phone: 318-342-1651.

## RESIDENCY INFORMATION FOR TUITION PURPOSES

### MARK THE APPROPRIATE BOX

If you have lived in Louisiana for the past two years, you are directed to complete Part III only.

If you have lived in Louisiana for less than two years, you are directed to complete Part I or II.

State supported colleges are required to collect documentary evidence of a student's Louisiana residency immediately prior to enrollment. The Admissions 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, PARENT, SPOUSE, OR LEGAL GUARDIAN

CLAIM FOR LOUISIANA RESIDENCY IS BASED ON:		WHY DID YOU MOVE TO LOUISIANA?	
<input type="checkbox"/> SELF <input type="checkbox"/> PARENT <input type="checkbox"/> SPOUSE <input type="checkbox"/> LEGAL GUARDIAN		<input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Job Transfer <input type="checkbox"/> Other	
NAME OF PERSON THAT RESIDENCY IS BASED ON AND HOW LONG HAS THAT PERSON LIVED IN LA?			
Last	First	Year(s)	Month(s)
HAVE YOU BEEN EMPLOYED IN LOUISIANA IN THE PAST 12 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME EMPLOYER _____ TELEPHONE _____	
IF YOU GRADUATED FROM ULM, DESIGNATE DEGREE AND DATE RECEIVED: <input type="checkbox"/> Degree _____ <input type="checkbox"/> Date _____			
IF EITHER OF YOUR PARENTS (MOTHER OR FATHER ONLY) IS A GRADUATE FROM 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 II: CLAIM FOR RESIDENCY BASED ON ACTIVE MILITARY ASSIGNMENT IN LA of Self, Parent, Spouse, or Legal Guardian

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

## PART III

**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 Monroe, Office of Recruitment/Admissions, 700 University Avenue, Monroe, LA 71209. This application and fee are valid for six consecutive terms (first and second summer sessions are considered one term).**

I certify that all information given is complete and accurate. I authorize ULM to verify the information I have provided. I realize that falsification or the intentional omission of any information on this form may lead to rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I agree to notify the proper officials of this institution of any changes in the information provided. I agree to abide by all the rules and regulations of the University. I understand if I fail to inform ULM of ineligibility and attend while under suspension from another institution, credits earned will be voided. Admission to the University does not constitute admission to a degree program. 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: \_\_\_\_\_