

DEPARTMENT OF BIOCHEMISTRY AND MOLECULAR BIOLOGY

SCHOOL OF GRADUATE STUDIES
LOUISIANA STATE UNIVERSITY MEDICAL CENTER
SHREVEPORT, LOUISIANA

Preliminary Application for Graduate Study

NAME: _____ Desired start date: _____
(quarter/year)

How did you learn of our program?

Poster/Card Career Day LSUHSC-S Website Personal Contact Other (please specify below)
Other specify - _____

PERSONAL DATA:

Social Security no: _____

Present mailing address: _____

Telephone numbers:

Work: (____) _____ Home:(____) _____ Cell: (____) _____ Permanent: (____) _____

E-mail address: _____

Date and place of birth: _____

Citizenship: _____ (If not US) current Visa status: _____

GRE Test Date: _____ month _____ year GRE scores: V. _____ % below Q. _____ % below A. _____ % below

GRE subject test: _____ month _____ year Test name: _____ Score _____ % below

If you are a Foreign Student and English is not your primary language, have you taken the Tests of English as a Foreign Language (TOEFL)

_____ Yes What was your score? _____ _____ No When will you take it? _____

COLLEGES AND UNIVERSITIES ATTENDED:

Name of Institution	Major	GPA	Dates	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT RECORD:

Names and Addresses of Recent Employers	Title/Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

List names and addresses of three persons asked to write letters of reference.

Name

Address

STATEMENT OF GOALS: Please attach a statement of your academic and professional goals, and describe your reasons for selecting a graduate program in Biochemistry and Molecular Biology.

COURSES: List courses in biology, biochemistry, chemistry and other science and mathematics areas that you have taken.

Course Title

Course No.

Credits

Grade

TEACHING: List any teaching experience you have had.

LABORATORY EXPERIENCE: Attach a statement of any research experience you have had, including any publications.

HONORS: List academic honors, scholarships, etc., giving awarding institution and dates:

SCIENTIFIC SOCIETIES: List membership in scientific societies.

OTHER: List any other things about yourself not covered above.

Certificate

I certify that to the best of my knowledge, the information given on this application is correct and complete. I understand that if it is later found out to be otherwise, my application may be rejected, or in the event that I am enrolled, I may be subject to dismissal from the University.

Date

Signature

Return completed form to: Dr. Robert E. Rhoads, Professor and Head
Department of Biochemistry and Molecular Biology
LSU Medical Center – Shreveport
1501 Kings Highway
Shreveport, LA 71130-3932