



MS in CFS Supplemental Application

Submit to cfs@lsu.edu

PERSONAL INFORMATION

Last Name _____ First Name: _____ Middle: _____

Other name under which information can be found: _____

Address _____ City _____ State _____ Zip _____

Cell Phone: _____ Home Phone: _____

Email: _____ Date of Birth: _____

Gender: (circle) Male, Female, Other: _____

Ethnicity: (circle) Caucasian, African American, Hispanic, Asian American, Native American

PROGRAM OF STUDY

Select one of the following program for which you wish to apply:

_____ Full-time (9 credits per fall and spring semesters)

_____ Part-time (Less than 9 credits per fall and spring semesters)

Are you interested in pursuing a thesis? (circle) Yes No

Do you plan to pursue the coursework needed to become a child life specialist?

(circle) Yes No

Application to the MS in CFS: (circle) 1st application, 2nd application

If this is not your first application, when was the first date of application: _____

Transferring from another graduate program? (circle) Yes No

If yes, please list the university and degree program name: _____

Transcripts from this university must be evaluated for appropriate transfer credit prior to application to determine equivalency.

RECOMMENDATION FORMS

A total of three (3) recommendation forms are required for your admission file to be complete. Two (2) recommendations must be Academic (college instructors, internship supervisors) and the remaining one (1) recommendation must be Professional (work/volunteer). Family, friends, clergy, and high school teachers are not appropriate. Applicants who have been out of school for 2 or more years and cannot obtain academic recommendations may substitute other professional recommendations for the two academic recommendations. For any applicant, if two are not academic recommendations and one is not professional, please include a statement with your application explaining the reason for the substitution. It is strongly recommended that if an internship was part of the degree program and the internship has been

completed at the time of application, a recommendation from the internship supervisor be included as the professional recommendation. Complete your name, recommendation type, and the access information below. Send this form to your recommender and follow-up to make sure it is completed and emailed to cfs@lsu.edu.

1. Academic: (fill in name) _____
2. Academic: _____
3. Professional: _____

EDUCATION

Undergraduate Institutions Attended (list most recent first)

<i>Name of Institution</i>	<i>Major</i>	<i>Date/Expected Date of Degree</i>
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Graduate Institutions Attended (list most recent first)

<i>Name of Institution</i>	<i>Major</i>	<i>Date/Expected Date of Degree</i>
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EMPLOYMENT, VOLUNTEER, AND INTERNSHIP EXPERIENCES

Your resume should reflect your work experience, volunteer experience, and any internship experience (if applicable). Please include your position, duties, start/end dates, and hours/week. Resumes can be uploaded to the Graduate School online application or emailed as a PDF to cfs@lsu.edu.

CERTIFICATION

I certify that, to the best of my knowledge, the information provided is correct and complete. I understand that if it is later found to be otherwise, my application will be invalid, or in the event that I am enrolled, I will be subject to dismissal from the University. Furthermore, I understand that I must apply to the LSU Graduate School. Typing is legally equivalent to your signature and constitutes your certification that the information provided is accurate to the best of your knowledge.

Signature

Date