



OFFICE OF ADMISSIONS
7434 Perkins Road, Baton Rouge, Louisiana 70808
(225) 768-1700

APPLICATION FOR ADMISSION
Arts & Sciences Program – Undergraduate

I. APPLICATION INSTRUCTIONS:

Incomplete applications cannot be processed. Applications for Admissions must be received by the following dates to assure processing for enrollment.

Deadline for receipt of a completed application will apply – Summer June: 1st Fall: July 1st Spring: December 1st

APPLICATION FOR: YEAR 20 SEMESTER: Fall Spring Summer

II. IDENTIFYING INFORMATION:

Today's date: Social Security Number: Birth Date MM/DD/YY

Last Name First Name Middle Name

Maiden Name

Other Name(s) under which your education records may be filed

Address (Number & Street)

City State Zip Parish

How long have you lived in the state listed above? years

Email

Phone(H) Phone (W) Phone (C)

III. DEMOGRAPHIC INFORMATION:

RACE:(optional) RELIGION:(optional) MARITAL STATUS:(optional) SEX:(optional)
Black/Non-Hispanic Catholic Married Male
American Indian/Alaskan Christian Non-Catholic Single Female
White/Non-Hispanic Jewish Divorced
Asian/Pacific Islander Other Widowed
Hispanic Unknown No. of Children:
Ages:

CITIZENSHIP: U.S. citizen Yes No If not U.S. citizen, give country of citizenship

Alien Registration Number, Visa Status

DRIVER'S LICENSE NO: State Date License Issued

IV. EMERGENCY CONTACT INFORMATION (PERSON TO NOTIFY IN CASE OF EMERGENCY) Relationship:

Name Phone

Address (if different from above)

City State Zip

V. APPLICATION INFORMATION:

APPLYING TO: Arts and Sciences, Associate Degree Non-Matriculating*
Arts and Sciences, General Studies Concurrent Enrollment*
Undecided Audit Only - enrolling for one course, no credit*

*Must have permission from the Office of Admissions and Records to check this category

AREA OF INTEREST:

ASSOCIATE DEGREE PROGRAMS

- ___ Clinical Lab Science
- ___ Nursing
- ___ Long Term Care
- ___ Physical Therapist Assistance
- ___ Radiologic Technology
- ___ Respiratory Therapy
- ___ Surgical Technology

BACHELOR DEGREE PROGRAMS

- ___ Behavioral Science (B.A.)
- ___ Biology (B.S.)
- ___ Clinical Lab Science (B. S.)
- ___ Forensic Science (B.S.)
- ___ Gerontology (B.S.)
- ___ Health Science (B.S)
- ___ Health Service Administration (B.S.)

VI. LOLO COLLEGE INFORMATION

Have you previously applied to or attended OLOL College? ___ Yes ___ No

VII. EDUCATION INFORMATION:

HIGH SCHOOL

Name of School _____ City, State _____

Did you graduate from high school? ___ Yes, Graduation date _____; ___ No; ___ Currently enrolled

Did you receive a GED? ___ Yes ___ No If yes, date awarded _____

College Entrance Examination: ___ ACT, Date Taken: _____ ___ SAT, Date Taken: _____

POST SECONDARY INSTITUTIONS

Have you attended a post-secondary institution? ___ Yes ___ No

If yes, list all formal education beyond high school, including OLOL College. *Attach an additional sheet if necessary:* Official transcripts from each institution attended (other than OLOL College) must be received by the college for the application to be considered complete.

From _____ To _____	Institution _____	City/State _____
MM/YY MM/YY	Credits/ Degrees Earned _____	

From _____ To _____	Institution _____	City/State _____
MM/YY MM/YY	Credits/ Degrees Earned _____	

From _____ To _____	Institution _____	City/State _____
MM/YY MM/YY	Credits/ Degrees Earned _____	

From _____ To _____	Institution _____	City/State _____
MM/YY MM/YY	Credits/ Degrees Earned _____	

Have you ever been on probation, suspended, or dismissed from any college or university? ___ Yes ___ No

If yes, attach letter of explanation.

VIII. CERTIFICATION AND AGREEMENT (Must be completed by all applicants):

*** PLEASE READ CAREFULLY ***

Please answer the following questions. If your answer is yes to any of the following, please attach an explanation.

Have you ever been arrested, charged with, convicted of, pled guilty or no contest to, or been sentenced for any criminal offense in any state? _____ Yes _____ No

Have you ever had disciplinary action pending or taken regarding any health license, certificate registration or permit you hold or have held? _____ Yes _____ No

Have you ever been denied a license, certification, registration or permit to practice in a regulated health occupation? _____ Yes _____ No

Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations? _____ Yes _____ No

Have you ever had a malpractice judgment against you or settled any malpractice action? _____ Yes _____ No

Have you ever been diagnosed with or possess any physical or mental impairment which may affect your ability to practice safely as a health care practitioner? _____ Yes _____ No

Note: *If you have ever been diagnosed with or possess any physical or mental impairment, which may affect your ability to practice safely as a health care practitioner or if you answered yes to one of the above questions, approval to enter the clinical courses or to write the licensure examination may be denied.*

BY MY SIGNATURE, I CERTIFY:

- 1. To the best of my knowledge, all information on this application is complete and accurate. I understand that giving false or incomplete information will make me ineligible for admission to Our Lady of the Lake College. Moreover, I understand that discovery of false information or omission of information will result in immediate dismissal from the College. I do hereby authorize Our Lady of the Lake College to make an investigation of my personal history, past/present employment and/or education background.*
- 2. I understand that if admitted to a Professional Program, I will be subject to a pre-enrollment drug screen and random drug screening during enrollment. I understand that if I graduate from a Professional Program, I am subject to a national criminal background check before I will be allowed to sit for the certification/licensing examinations.*
- 3. I certify that (if applicable) I have registered (or will register) with the selective service.*
- 4. I am aware that Our Lady of the Lake College is a Catholic Institution committed to selected undergraduate and pre-professional programs which provide the basis for excellence in the practice of health care and which constitute a solid foundation for student academic and personal development. Students are expected to strive for academic excellence and clinical competence with emphasis on the art of human caring. I agree to strive to meet the expectations set forth in the mission of Our Lady of the Lake College.*
- 5. I have received and reviewed a copy of the CORE PERFORMANCE STANDARDS for Admission and Progression for the program for which I am applying.*

Signature of Applicant

Date

RETURN THIS APPLICATION WITH A \$35 APPLICATION FEE

**TO: Our Lady of the Lake College
7434 Perkins Road
Baton Rouge, Louisiana 70808**

OUR LADY OF THE LAKE COLLEGE assures equal opportunity for all qualified persons without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, pregnancy status, or military status in the admission to, participation in, or employment of its programs and activities. If a student believes that he or she had been discriminated against on the basis of race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, pregnancy status, or military status, that student should report the matter to the Vice President of Administrative and Support Services, who will seek to assist the student with the resolution of the complaint as described in the complaint procedure.

Effective January 1, 2005, Our Lady of the Lake College became a smoke free campus

OUR LADY OF THE LAKE COLLEGE will make reasonable special services and accommodations for students with learning, emotional or physical disabilities. Students wishing to self-identify may complete a *Special Needs Assessment* form, which is available from the office of the Dean of Student Services.

Information on campus crime statistics is available upon request. This information is also available on the college website www.ololcollege.edu/Campus_Security.html as well as links to the Louisiana State Police for information on registered sex offenders.

College Mission Statement

Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need. We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a spirit of healing – with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care. We are, with God's help, a healing and spiritual presence for each other and for the communities we are privilege to serve.

Seeking to be faithful to the ideals of its heritage and its sponsors, Our Lady of the Lake College is committed to meeting the educational needs of the people of God.

Institutional Purpose statement

Our Lady of the Lake College of Baton Rouge, Louisiana, is an independent, private Catholic College founded by the Franciscan Missionaries of Our Lady. The College is a student-centered academic community guided by the Franciscan values, faithful to *Ex Corde Ecclesiae* and devoted to excellence in teaching and learning. The purpose of the College is to provide each student with a unique educational experience by seeking to ensure the personal attention of the faculty, administration and staff.

Central to the purpose of the College are scholarship and effort, especially in those activities that cultivate knowledge and thinking in support of further study, advanced education and the pursuit of life-long learning. The College community recognizes that commitment to and accomplishment of the institutional purpose and goals requires exceeding standards, expanding vision and nurturing students to realize their potential as responsible members of society.

- THANK YOU FOR YOUR INTEREST IN OUR LADY OF THE LAKE COLLEGE -