



DILLARD
UNIVERSITY

APPLICATION

PLEASE PRINT OR TYPE IN BLACK INK

NAME: _____ Male Female
Last First Middle

Place of Birth _____ Birthdate: _____

Social Security: _____ Email _____ Phone/Cell # _____

Parent/Guardian Name _____ Phone/Cell Number _____

Home Address: _____
Number and Street City State Zip

Citizenship: _____

Non U.S. Citizen

With a Permanent U.S. Resident Visa (Green Card) With a Temporary U.S. Visa

If not a U.S. citizen, of which country are you a citizen? _____

If accepted to participate in the (DU-DSL) Program, you must provide the program with an original current valid Permanent Resident Card (USCIS Form I-551)

What is your racial background?

- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Other _____ (*Specify*)

High School Attended: _____ Year of Graduation: _____

Address _____
City State Zip

Intended Major: _____

Overall GPA: _____ Science GPA: _____ (*Include Math, Physics & Chemistry*)

Please give your scores on any of the tests below that you have taken:

SAT: Reading _____ Math _____ Writing _____ Language _____

ACT: Reading _____ Math _____ Language _____ Science _____

List the High School Science and Mathematics Courses in which you are currently enrolled or have completed.

Biology	Mathematics	Chemistry	Physics	Psychology

List honors or awards you have received during the past three years.

List any extracurricular and community service activities in which you have participated and/or are currently participating.

Please attach to this application a typed, 500-word paragraph describing your reasons for applying to this program. Include in your paragraph a description of your career goals.

Provide three (3) letters of recommendation; one must be from a science teacher.

Name _____ Subject _____ Contact # _____

School _____ Address _____
City State Zip

Name _____ Subject _____ Contact # _____

School _____ Address _____
City State Zip

Name _____ Subject _____ Contact # _____

School _____ Address _____
City State Zip

Please attach a sealed, official transcript.

Signature *Date*

Return application to **Claudette Tolbert, Stern Hall**, Administrative Assistant, Room 122-E or email to ctolbert@dillard.edu or othomas@dillard.edu on or before **May 17, 2017**. You may also mail application to the address below:

Dr. Ruby Broadway
Dillard University
School of STEM, Department of Biology
2601 Gentilly Blvd
New Orleans, LA 70122
(504) 816-4725 or 4471

Dillard University does not discriminate on the basis of sex, race color, age, religion, sexual orientation, national or ethnic origin or physical handicap.