

MASTERS PROGRAMS APPLICATION

APPLICATION INSTRUCTIONS

For timely consideration we encourage all applications to be submitted to Loyola University New Orleans College of Law no later than the corresponding deadline:

Fall – August 1

A completed application must include the following documents:

- **A completed application for admission (continued below);**
- **A short personal statement explaining your interest in the program;**
- **An official transcript from your undergraduate institution;**
- **One letter of recommendation, which may be emailed directly to ladmit@loyno.edu (No letters of recommendation are required for Loyola graduates); and**
- **International and internationally educated applicants are required to demonstrate their English language proficiency by submitting TOEFL or IELTS test scores. Students whose transcript is not in English must forward a notarized translation of the transcript in English, along with the original copy of all transcripts.**

Your application will not be considered complete until we receive each of the items listed above. Applications may be submitted to ladmit@loyno.edu.

DEGREE AND PROGRAM

Please select the Master's degree to which you are applying: ☐ Environmental Law ☐ Health Law

Please indicate which term to which you are applying: ☐ Fall ☐ Summer ☐ Spring

BIOGRAPHICAL

PREFIX

DATE OF BIRTH

FIRST NAME

PLACE OF BIRTH: CITY

MIDDLE NAME

PLACE OF BIRTH: STATE/PROVINCE

LAST NAME

PLACE OF BIRTH: COUNTRY

SUFFIX

GENDER

PREVIOUS (OTHER) NAME

*We will ask you to provide your SSN via phone at a later date.

PREFERRED FIRST NAME

**Your SSN is used to match your current and future records with any past records, ensuring that you receive full credit for all academic work. Your SSN is required for reporting tax credit information to the federal government.*

CONTACT INFORMATION

CURRENT ADDRESS

COUNTRY

STREET ADDRESS – LINE 1

CURRENT MAILING ADDRESS GOOD UNTIL DATE

STREET ADDRESS – LINE 2

STREET ADDRESS – LINE 3

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

PHONE NUMBER

SECONDARY NUMBER

PRIMARY EMAIL

PERMANENT ADDRESS

COUNTRY

STREET ADDRESS – LINE 1

PERMANENT MAILING ADDRESS GOOD UNTIL DATE

STREET ADDRESS – LINE 2

STREET ADDRESS – LINE 3

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

EMERGENCY CONTACT

NAME

RELATIONSHIP

PHONE

E-MAIL ADDRESS

DEMOGRAPHIC INFORMATION

CITIZENSHIP

☐

US CITIZEN

☐

US PERMANENT RESIDENT

☐

NON-RESIDENT ALIEN

COUNTRY OF CITIZENSHIP

VISA TYPE

VISA/SEVIS NUMBER

PERMANENT RESIDENT NUMBER

PERMANENT CITY

PERMANENT STATE/PROVINCE

PERMANENT COUNTRY

NATIVE LANGUAGE

RACE AND ETHNICITY: Loyola asks for racial/ethnic background information. This information is used for federal, state, and institutional reporting and statistical purposes. This is a two-part question.

ARE YOU HISPANIC OR LATINO (a person of Cuban, Mexican, South or Central American, or other Spanish culture or origin, regardless of race)?

☐ YES

☐ NO

WHAT IS YOUR RACE? SELECT ONE OR MORE RACES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.

☐ ABORIGINAL or TORRES STRAIT ISLANDER AUSTRALIAN

☐ AMERICAN INDIAN or ALASKA NATIVE

☐ ASIAN

☐ BLACK or AFRICAN AMERICAN

☐ CANADIAN ABORIGINAL

☐ CAUCASIAN/WHITE

☐ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

☐ PUERTO RICAN

☐ CONSENT – DECLINE TO RESPOND

TRIBAL AFFILIATION:

IF YOU ARE A MEMBER OF A NATIVE AMERICAN TRIBE, WHAT IS YOUR TRIBAL AFFILIATION OR VILLAGE NAME? (OPTIONAL)

IF YOU HAVE A TRIBAL ENROLLMENT NUMBER, PLEASE PROVIDE IT HERE.

EDUCATION

List ALL educational institutions attended – if additional space is needed please add an addendum page to this application.

INSTITUTION TYPE		INSTITUTION NAME	
MAJOR		COUNTRY	STATE/PROVINCE
CITY		START DATE	END DATE
GPA		DEGREE GRANTED	DATE DEGREE GRANTED

INSTITUTION TYPE		INSTITUTION NAME	
MAJOR		COUNTRY	STATE/PROVINCE
CITY		START DATE	END DATE
GPA		DEGREE GRANTED	DATE DEGREE GRANTED

MILITARY

HAVE YOU SERVED OR ARE YOU NOW SERVING ON FULL-TIME, ACTIVE U.S. MILITARY DUTY?

☐ YES

☐ NO

DATE OF ENTRANCE (MONTH/YEAR)

DATE OF DISCHARGE (MONTH/YEAR)

RANK

EXPECTED MILITARY RESERVE OR NATIONAL GUARD STATUS DURING ENROLLMENT

BRANCH

DISCHARGE TYPE

HAVE YOU EVER BEEN SEPARATED FROM ANY BRANCH OF THE U.S. ARMED FORCES UNDER LESS THAN HONORABLE CONDITIONS?

IF YOU HAVE BEEN SEPARATED FROM ANY OF BRANCH OF THE U.S. ARMED FORCES UNDER LESS THAN HONORABLE CONDITIONS, PLEASE EXPLAIN THE CIRCUMSTANCES.

CERTIFICATION

By signing and submitting this application and supporting documents, I certify that the information provided to the Loyola University New Orleans College of Law is true, correct, and complete to the best of my knowledge. I agree to and will promptly inform the law school in writing if there is any change in any of the facts or other information represented herein that might affect my eligibility for consideration whether as an applicant or admitted student.

Furthermore, the submission of incomplete, misleading, or false information constitutes grounds for denial of admission, withdrawal of an admissions offer, cancellation of enrollment, revocation of a conferred degree, or other appropriate disciplinary action by the College of Law.

E-SIGNATURE

DATE

Mail or Email application and all supporting documents to:

Loyola University New Orleans College of Law

Law Admissions Office

7214 St. Charles Ave.

Campus Box 904

New Orleans, LA 70118

ladmit@loyno.edu