

Freshman Applicants:

The Admissions Committee will act on your application **only** after the following have been received:

- (1) completed application form with fee;
- (2) ACT or SAT scores;
- (3) high school transcript and
- (4) counselor recommendation.

MAIL TO: OFFICE OF ADMISSIONS
Xavier University of Louisiana
1 Drexel Drive
New Orleans, LA 70125

Xavier employs a rolling admissions process starting in September for the following academic year. Freshmen and Transfer applications (*College of Arts & Sciences only*) received after the deadline will be considered provided there are slots available in the incoming class.

Transfer Applicants:

With 20 or more transferable hours: A completed application with fee and college transcript.

With less than 20 hours: A completed application with fee, high school and college transcripts and ACT or SAT scores. You must be in good standing or eligible to return to your previous institution.

College of Pharmacy applicants must use the On-Line application process.

APPLICATION DEADLINES

	Fall	Spring
Freshmen	March 1	December 1
Transfer	June 1	December 1

Students are encouraged to apply online at www.xula.edu

LIST OF MAJORS OFFERED AT XAVIER

Using the list below, indicate your intended major and its code in the space provided on the application form.

Code Business

ACCT Accounting
BAFN Business/Finance
BAMN Business/Management
BAMK Business/Sales and Marketing

Code Education

ARED Art Education
EELM Elementary Education (Grades 1-5)
EDMS Middle School Education (Grades 4-8)
ENED English/English Education
FRED French Education
MEDU Mathematics Education
MEBM Music Education/Supervision--
Instrumental or Vocal
MEIN Music Education/Instrumental
MEVO Music Education/Voice
BSED Biology Education
CSED Chemistry Education
SSED Social Studies Education
SPED Spanish Education

Code Humanities

ARTT Art
CMST Communication Studies
ENGL English
FREN French
HIST History
MSCM Mass Communications
MLAR Music Liberal Arts
MPBM Music Performance/Instrumental
MUPV Music Performance/Voice
MPPI Music Performance/Piano
PHIL Philosophy
SPAN Spanish
SPBS Speech Pathology
THEO Theology

Code Science

CBIO Biochemistry
BIOL Biology
BPMD Biology/PreMed
CHEM Chemistry
CPMD Chemistry/Pre-Professional/Pre-Med
CPRX Chemistry/Pre-Pharmacy
CPSC Computer Science
CINS Computer Information Systems
MATH Mathematics
PHYS Physics
PMUD Pre-Med/Undecided on a major
STAT Statistics
CPRX Pre-Pharmacy
BIEN Biomedical Engineering
CHEN Chemical Engineering
CPEN Computer Engineering
CVEN Civil Engineering
ELEN Electrical Engineering
EVEN Environmental Engineering
MCEN Mechanical Engineering
PHLT Public Health Sciences

Code Social Sciences

PSCI Political Science
PSYC Psychology
PMED Psychology/PreMed
PLUD PreLaw/Undecided on a major
SOCI Sociology

Code Other

DECI Deciding

XAVIER UNIVERSITY OF LOUISIANA

Application for Admission: This form should be submitted only if an applicant is not able to apply online at www.xula.edu

- Please print legibly in ink or use typewriter.
- Complete each item and sign the form.
- To insure processing of your application, you must attach a non-refundable \$25.00 check or money order.
- Online applicants must print the signature page and submit it with a \$25.00 check or money order.

□	□	□	-	□	□	-	□	□	□	□
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Social Security Number (Optional)

Optional

Please attach photo or send at a later date.

Last Name		First Name		Middle Initial
Permanent Address	Street	City	State	Zip
Mail Address (if different)	Street	City	State	Zip
Phone (Area Code)	Date of Birth	Sex	City, State of Birth	
Citizenship (country)			E-mail address	

Information in this section is voluntary and will be used in a nondiscriminatory manner consistent with all civil rights laws. All applications for admission are considered without reference to sex, ethnicity, religion or handicap.

Ethnicity: Are you Hispanic/Latino? (check one) Yes No

Check one or more that best describes your race: American Indian/Alaskan Native Asian

Black/African American Native Hawaiian/Pacific Islander White/Caucasian

Religious Preference _____

Please give full name(s) of high school(s) attended:

High School(s)	City/State	Dates Attended	Graduation Date	High School Code
1. _____				
2. _____				

Please indicate the following, if known:

GPA _____ ACT Composite _____ SAT Critical Reading _____ SAT Math _____ SAT Writing _____

Each college or university previously attended **must** be listed below. Use comment section or extra page if necessary. At your previous institution, you must be in good standing or eligible to return.

College/University	City, State	Dates Attended	Graduation Date
1. _____			
2. _____			
3. _____			

Check each that applies to your enrollment plans:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Spring Term | <input type="checkbox"/> Summer Term (only) | Year _____ |
| <input type="checkbox"/> Freshman | <input type="checkbox"/> Transfer | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| <input type="checkbox"/> Degree Seeking | <input type="checkbox"/> Non-Degree Seeking | <input type="checkbox"/> Transient | <input type="checkbox"/> Previously applied to Xavier? |

□	□	□	□
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Major Code (see list)

Major

Please list Xavier pre-college programs you have attended _____

Do you plan to apply for: Campus Housing? Financial Aid?

Father's Name _____

Father's Address (if different) _____

City, State, Zip _____

Business Phone _____

Father's Level of Education

- Some High School
- High School Graduate
- Some College
- College Graduate

List Graduate Degree _____

Mother's Name _____

Mother's Address (if different) _____

City, State, Zip _____

Business Phone _____

Mother's Level of Education

- Some High School
- High School Graduate
- Some College
- College Graduate

List Graduate Degree _____

Guardian or Next of Kin _____

Address (if different from yours) _____

City, State, Zip _____

Business Phone _____

Relation to you _____

Guardian? Yes No

Next of Kin? Yes No

Please list relatives who attended Xavier:

1. _____ Relationship _____ Graduation Year _____

2. _____ Relationship _____ Graduation Year _____

3. _____ Relationship _____ Graduation Year _____

Have you ever been convicted of a criminal offense (excluding a traffic violation or misdemeanor)? Yes No If 'Yes,' please explain in detail on a separate sheet.

Check each that influenced you to apply to Xavier:

- Parent
- Counselor
- Xavier Representative
- Xavier Website
- Xavier Student
- Xavier Alumni
- Xavier's Reputation
- Other (please list) _____

Please indicate extracurricular and community activities, honors received or other information you would like to submit with your admission records.

All information requested above is important; consequently, failure to submit complete and accurate information may invalidate your application.

Signature _____

Date _____

XAVIER UNIVERSITY OF LOUISIANA

Counselor Recommendation Form

To the Applicant: Please complete this section. Your signature on this form will serve as an authorization to your high school for release of information. After you sign, please deliver this form to your counselor or principal.

Student's Name _____ Social Security # -
Address _____
City State Zip
Signature _____ Date _____

To the Counselor or Principal:

The above student is applying for admission. Please complete and return this form with an OFFICIAL TRANSCRIPT to:

OFFICE OF ADMISSIONS
Xavier University of Louisiana
1 Drexel Drive
New Orleans, LA 70125

1. High School _____ Accredited by _____
2. High School Code
3. Test Scores
ACT E _____ M _____ R _____ SR _____ C _____ Date _____
SAT CR _____ M _____ W _____ Date _____
4. GPA _____ (4.0 = A) Expected graduation date: _____
Month Year
5. The student has a rank of _____ in a class of _____.
6. The high school curriculum pursued by the student can best be described as:
 Honors College Prep Regular Vocational _____
7. Check the category under which you think the academic record of the applicant will fall:
 Excellent Above Average Average Below Average Failure
8. Considering all attributes, I recommend the student:
 strongly as above average as average with reservations do not recommend
9. Please make other comments below which you believe are pertinent. (USE BACK OF THIS PAGE OR EXTRA PAGE IF NECESSARY).

Signature _____ Title _____

Date _____ Phone Number _____ Email _____