

NEW STUDENT INFORMATION SHEET

TO BE COMPLETED AND RETURNED TO 3261 PATRICK TAYLOR HALL

Name:				
Name:	(Full	Legal Name)		
Preferred Name (if applicable)):			
Degree Sought (check one):				
Advisor:		Anticipat		
Street Address:				
City:	State:	Zi	p Code:	
Phone Number:	LSU Email:		@lsu.edu	
SU ID Number: 89Course Hours Enrolled This Semester:				r:
Financial Support Received (c	check all that	apply):		
☐ Research Assistantship ☐	Teaching Ass	sistantship Oth	er (specify):	
Supervisor:				