



Pre-Doctoral Scholar's Institute Application

DATE: _____

Application Deadline: February 2, 2018. Please submit this application and attachments via email to **PDSITigers@lsu.edu**. Once received, you will receive a confirmation email in return.

I. APPLICANT INFORMATION

Name _____
First Middle Last

Street _____
Address _____
Street City State Zip

Permanent or Guardian's Address (*street/city/state/zip code*) _____

Applicant's Cell Phone _____ Email _____

Date of Birth _____

In case of emergency, please contact _____

Emergency Contact Address _____

Cell phone (or most preferred) _____

Are you a US Citizen? (*select one*) Yes _____ No _____

Please make sure you have completed all of the information in the first section before completing the rest of your application.

II. EDUCATION INFORMATION

List your present college or university:

By June 2018, will you have only one or two more academic year(s) left in your undergraduate program?

Yes ____ No ____ Please explain: _____

What is your current major or area of concentration? _____

What is your current college GPA? (**Cumulative**) _____ (**Major**) _____

List the courses IN YOUR FIELD you expect to take to complete your undergraduate studies.

List the courses IN YOUR FIELD you have taken already.

What is your expected graduation date? Semester _____ Year _____

When did you first enroll in a college or university? Semester _____ Year _____

*For questions concerning this application or participation in PDSI, contact Professor Elsie Michie, Associate Dean, College of Humanities and Social Sciences, enmich@lsu.edu (225) 578-1856. **Please have an official or unofficial transcript sent to PDSITigers@lsu.edu.***

III. PDSI ASSESSMENT

How did you hear about PDSI?

Please describe any prior research experience(s). Please include work-study, summer research programs involving research and/or research courses (e.g. statistics).

What is your experience writing research papers and/or reports?

Do you plan to apply to graduate school? Yes_____ No_____

What graduate area/program would you like to pursue? _____

What graduate schools are you considering? _____

On a separate sheet, please write a brief statement (minimum 300 words and double-spaced) about your academic goals. In discussing the academic area you would like to research if selected to participate in the Pre-Doctoral Scholar's Institute, be as specific as possible about topics of particular interest and your commitment to academic investigations in your area. Indicate what you hope to accomplish through participation in this program.

You must have at least ONE recommendation letter for participation in this program. Please provide information regarding the faculty member in your field providing your recommendation. Be sure you obtain a recommendation from a tenured or tenure-track professor.

Professor's first name _____

Professor's last name _____

Campus address _____

City _____ State _____

Phone _____ Email _____

****A completed application includes this completed form (four pages), a copy of an official or unofficial transcript, your personal statement, completed recommendation form (page five of this document), and a letter of recommendation. Materials may be emailed separately to PDSITigers@lsu.edu. Without all of these items, your application will be incomplete and not eligible for consideration.***

****Both official and unofficial college and university transcripts are accurate representations of your academic record. However, the official transcript is a formal document sent as a secure electronic document (PDF) if your university has an electronic transcript delivery service. This document contains your university's seal and Registrar's signature.***

Pre-Doctoral Scholar's Institute Recommendation Form

Instructions: Please complete the information and rating section below. On a separate sheet, please provide personal, professional, or academic reference for the applicant that speaks to the applicant's ability and/or aptitude to be successful in PDSI and a successful masters/doctoral student. When completed, return this form and recommendation letter by **February 2, 2018** via email: **PDSITigers@lsu.edu**

Letter of Reference for: _____

Reference completed by: _____

University Title and Department: _____

University Address Phone: _____

In what capacity have you known this student? _____

For how long? _____

In which of your classes has this student enrolled and what grade did he/she receive?

Rate this applicant relative to other students whom you have known in this same field or capacity in recent years.

CRITERIA	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO KNOWLEDGE
Motivation for Proposed Program				
Analytical Skills				
Communication Skills-Oral				
Written Communication Skills				
Ability to work independently				
Ability to work with others				
Potential for graduate school success				
Self-motivation				
Social Sensitivity				
Personal Responsibility				

Signature _____ Date _____