

Regional Center for College Students with Learning Disabilities

APPLICATION FOR ADMISSION

Summer Experience 2015

For Students with Language-Based Learning Disabilities July 6–16, 2015 (Monday through Thursday)

This program is offered by FDU's Regional Center for College Students with Learning Disabilities. Early applications are encouraged as enrollment is limited to ensure maximum personal attention. **The deadline for application is June 15, 2015**.

	University's two-week Summer Experience offortion desired program of study:	ers three options.		
☐ College Skills P	Preparation (9 a.m1 p.m.) • Cost: \$950			
☐ College Skills P	Preparation & Math Workshop (9 a.m.–3 p.	m.) • Cost: \$1,450	0	
☐ College Skills P	reparation & Reading Workshop (9 a.m.–	3 p.m.) • Cost: \$1,	,450	
I. PERSONAL INFORMATION				
Please Print				
Mr. Ms.				
Student Name				
Last	First		Middle	
Date of Birth	Student Cell Phone			
Permanent Address	City			
		State	Zip	
Name of Parent/Guardian				
Home Phone ()	Parent/Guardian Cell Phone ()		
II. School Information				
Current School				
Name				
Anticipated Date of Graduation 🔲 Jun	e 2015 🔲 June 2016 🔲 Other			
Cuidanca Councalar Nama				
GUIUANCE COUNSEIOF NAME				
Phone ()				

III. RELATED ACADEMIC INFORMATION

TO THE STUDENT: Please answer the following in your own handwriting.

1. What, if any, special education supports did you receive in high school (e.g., resource center, supplemental support and/or special private school). How did they help you?	, collaborative support, replacement classes,
2. How do you feel you will benefit by attending the Regional Center Summer Experience?	
3. Please rate your skills in the following area (from 1 to 5, with 1 being weakest and 5 being	strongest)
Time Management Study Skills Con	nputer Literacy
Research Skills Self-advocacy Soc	ial Skills
IV. ADDITIONAL ADMISSION REQUIREMENTS In addition to this application, the following must be forwarded to the address below for this	application to be complete:
1) Two letters of recommendation (one from a teacher and one from the guidance counselor and attitude.) attesting to your motivation, behavior
2) Documentation of a learning disability (current IEP if a classified student or current evaluat conducted within the last three years if not classified).	ion report by a qualified professional
3) A clear photocopy of your medical insurance ID card and the following information:	
Name of Your Medical Insurance Provider Policy/Group Number	
4) A \$100 nonrefundable application fee, made payable to Fairleigh Dickinson University. (This of the program if admitted.)	fee will be credited against the total cost
V. APPLICANT SIGNATURE I/we declare that the information reported above is true, correct and complete to the best of	my/our knowledge.
Signature of Applicant	Date
Signature of Parent or Guardian (Required if applicant is under 18)	Date
THE LEADER IN GLOBAL EDUCATION COMPLETE AND MAIL TO:	



UNIVERSITY

Summer Experience 2015

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Phone: 201-692-2086

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