



APPLICATION FOR ADMISSION

Summer Experience 2016

For Students with Language-Based Learning Disabilities

July 5–8 (Tuesday thru Friday); July 11–14 (Monday thru Thursday)

This program is offered by FDU’s Regional Center for Learning Disabilities. Early applications are encouraged as enrollment is limited to ensure maximum personal attention. **The deadline for application is June 15, 2016.**

Fairleigh Dickinson University’s two-week Summer Experience offers three options. Please indicate your desired program of study:

- College Skills Preparation** (9 a.m.–1 p.m.) • Cost: \$950
- College Skills Preparation & Math Workshop** (9 a.m.–3 p.m.) • Cost: \$1,450
- College Skills Preparation & 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 _____
Street City State Zip

Name of Parent/Guardian _____

Home Phone (_____) _____ Parent/Guardian Cell Phone (_____) _____

II. SCHOOL INFORMATION

Current School _____
Name

Anticipated Date of Graduation June 2016 June 2017 Other _____

Guidance Counselor 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, collaborative support, replacement classes, supplemental support and/or special private school). How did they help you?

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 _____ Computer Literacy
_____ Research Skills _____ Self-advocacy _____ Social 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) attesting to your motivation, behavior and attitude.

2) Documentation of a learning disability (current IEP if a classified student or current evaluation report by a qualified professional conducted within the last three years if not classified).

3) A clear photocopy of your medical insurance ID card and the following information:

Name of Your Medical Insurance Provider _____ Policy/Group Number _____

NOTE: This information is required per University policy.

4) A \$100 nonrefundable application fee, made payable to Fairleigh Dickinson University. *(This fee will be credited against the total cost of the program if admitted.)*

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



**FAIRLEIGH
DICKINSON
UNIVERSITY**

COMPLETE AND MAIL TO:

Summer Experience 2016

Fairleigh Dickinson University
Regional Center for Learning Disabilities
1000 River Road • T-RH5-02
Teaneck, New Jersey 07666

Phone: 201-692-2086

fd�.edu/ld