

REGIONAL CENTER FOR LEARNING DISABILITIES

Summer Experience 2024

For Students with Learning Disabilities

Application for Admission

TWO Sessions Available - choose ONE -

Session 1 - July 8 – July 18 (Monday thru Thursday) OR Session 2 - July 29 – August 8 (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 30, 2024.

Fairleigh Dickinson University's Summer Experience offers the follow options
Please indicate your desired session: ☐ SESSION 1 (7/8 – 7/18) OR ☐ SESSION 2 (7/29 – 8/8)
Also choose from the following:
 ☐ Morning + Afternoon Session • Cost: \$ 1150.00 (9:00 am − 3:00pm) Morning Includes: Assistive Technology • Writing • Metacognitive Strategies
Afternoon: Choose 1: ☐ OG Reading ☐ Developmental Math
☐ Morning Session Only • Cost: \$ 850.00 (9:00 am − 1:00pm)
Please Print
. Personal Information
□ Mr. □ Ms.
Student Name
Date of BirthStudent Cell Phone
Student Email
Permanent Address
Street City State Zip
Name of Parent/Guardian
Home PhoneParent/Guardian Cell Phone
I. School Information
Current School
Anticipated Date of Graduation
Guidance Counselor Name
Phone

III. Related Academic Information			
TO THE STUDENT: Please answer the following	;:		
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?			
Time Management	Study Skills	Computer Literacy	
Research Skills	Self-advocacy	Social Skills	
IV. Additional Admission Requiren	nents		
In addition to this application, the following made in the last of the last three sections of a learning disability (current professional conducted within the last three in t	the manager or from the guidance counseloners of the counseloners of the countries of the c	or) attesting to your motivation, valuation report by a qualified t of the program if admitted.) Please	
V. Applicant Signature			
I/we declare that the information reported abo	ove 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 und	ler 18)	Date	

Complete application and email to: agmalone@fdu.edu

SUMMER EXPERIENCE 2024
Fairleigh Dickinson University
Regional Center for Learning Disabilities
1000 River Road, T-RH5-02
Teaneck, NJ 07666
Phone: (201) 692-2716

