

Adelphi University  
Learning Disabilities Program

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Application for Admission to the Learning Disabilities Program  
(Application Deadline is March 1<sup>st</sup>)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

Applicant's E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

I am applying for:            Fall 200\_\_\_            Spring 200\_\_\_

I am a:            Freshman  Transfer     Approximate # of transfer credits: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Location: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Are you using support services in your school:    Yes  No

Resource Teacher: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Please describe your special education services and the kinds of courses you are in (i.e., resource room, inclusion, consultant teacher, etc.)

What accommodations do you receive?

\_\_\_\_\_

\_\_\_\_\_

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When was your LD or AD/HD first diagnosed: \_\_\_\_\_

Describe your strengths: \_\_\_\_\_  
\_\_\_\_\_

Describe your weaknesses: \_\_\_\_\_  
\_\_\_\_\_

Are you declaring a major? Major: \_\_\_\_\_ Undeclared

Discuss your learning disability and/or AD/HD and your learning style:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any other issues or factors that may affect your ability to learn, including other co-existing diagnoses and other information that you feel it is important for us to know about you:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you consider yourself a good candidate for Adelphi's Learning Disabilities Program?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Forward your application with all the required material to:

Adelphi University  
Learning Disabilities Program  
Chapman Hall, Lower Level  
One South Avenue  
PO Box 701  
Garden City, NY 11530-0701

By completing this application, I am applying for admission to the Learning Disabilities Program, and I am aware that participation in the Program will carry additional fees payable to Adelphi University. My signature on this application gives the Learning Disabilities Program permission to request a copy of my general admissions application from Adelphi University Office of Admissions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_