

Application for Admission to the Learning Disabilities Program
(Application Deadline is March 1st)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Cell Phone: () _____

Applicant's E-mail: _____ @ _____

Parent's E-mail: _____ @ _____

Date of Birth: _____

I am applying for: Fall 20___ Spring 20___

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?

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: _____