



# Learning Resource Program

APPLICATION FOR ADMISSION TO THE LEARNING RESOURCE PROGRAM  
(Priority Application Deadline is March 1<sup>st</sup>)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Applicant Cell Phone \_\_\_\_\_

Applicant E-mail \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Parent/Guardian's Cell Phone \_\_\_\_\_

Parent/Guardian's E-mail \_\_\_\_\_

Applicant Date of Birth \_\_\_\_\_ I am applying for: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_

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

High School \_\_\_\_\_ College \_\_\_\_\_

Date of High School Graduation \_\_\_\_\_

Have you visited the Adelphi University campus? \_\_\_\_\_ Did you attend an Open House? \_\_\_\_\_

Have you applied to Adelphi University before? \_\_\_\_\_ When? \_\_\_\_\_

Did you attend an information meeting with the LR program? \_\_\_\_\_ Who met with you? \_\_\_\_\_

Have you applied to the Learning Resource Program before? \_\_\_\_\_ When? \_\_\_\_\_

Are you using support services in your school: Yes  No

*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? \_\_\_\_\_

Is LD or AD/HD your primary diagnosis? \_\_\_\_\_

What other diagnosis or diagnoses have you received? \_\_\_\_\_

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:*

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*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 is important for us to know about you:*

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*Why do you consider yourself a good candidate for Adelphi's Learning Resource Program?*

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**Forward your application with all the required material to:**

**Adelphi University  
Learning Resource 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 Resource 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 Resource Program permission to request a copy of my general admissions application from Adelphi University Office of Admissions.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_