



# MERCYHURST COLLEGE

## APPLICATION FOR LEARNING DIFFERENCES PROGRAM

### CONTACT INFORMATION:

DIANNE ROGERS, Learning Differences Program Director

Phone: 814-824-2450 or 1-800-825-1926, ext. 2450; e-mail drogers@mercyhurst.edu

### APPLICATION PROCESS AND REQUIREMENTS:

This application is designed to assist our Learning Differences Program staff in understanding your educational background, academic and career goals, and unique qualities. Individual initiative and academic capabilities are the basis of the Mercyhurst admissions policy. As a college that believes in an academically challenging environment, we want to make sure Mercyhurst is the right choice for you.

*If you have any questions, please call or e-mail our office using the contact information indicated above.*

**To be considered for admission into the L.D. Program you must thoroughly complete and submit the following items:**

- Application for Learning Differences Program
- Teacher Recommendation Form completed by LD Specialist and two (2) teachers' letters of reference
- Clinical diagnostic report including the Wechsler Adult Intelligence Scale and the interpretive report. (NOTE: If you have an IEP from high school, please submit)

### PERSONAL INFORMATION:

Legal Name \_\_\_\_\_ Male  Female   
LAST FIRST MIDDLE

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MONTH / DAY / YEAR

Mailing Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

How did you first hear of the Learning Differences Program at Mercyhurst? \_\_\_\_\_

\_\_\_\_\_

### MEDICAL HISTORY:

Do you now have, or have you ever had, any physical disabilities?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of your family doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Have you received the services of a psychiatrist or psychologist within the past five years?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(continued on back)*

**MEDICAL HISTORY (cont.):**

Are you currently taking any medication?  Yes  No

If yes, please complete the information below:

MEDICATION	DATE BEGAN TO TAKE	EXPECTED ENDING DATE	REASON FOR MEDICATION

Do you have specific concerns related to *(please check all that apply)*:

Visual Defects     Speech Defects     Hearing Defects     Seizures     Emotional Issues

Please share any other information which may be important. If necessary, attach an additional sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

High School Name \_\_\_\_\_ Graduation/GED Date \_\_\_\_\_

High School Address \_\_\_\_\_

Resource Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Are you using support services in your school?  Yes  No

Do you use audio tape of textbooks?  Yes  No

If so, are you registered with Recordings for the Blind and Dyslexic or the Library of Congress?  Yes  No

What accommodations do you receive? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is/are your diagnosed disability(ies)? \_\_\_\_\_

When was your disability first diagnosed? \_\_\_\_\_

What tests were administered? \_\_\_\_\_

List your strengths \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List your weaknesses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please attach a copy of your most recent psychological exam.*

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

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

**Forward your application with all the required material to:**  
Mercyhurst College • Admissions Office • 501 East 38th Street • Erie, PA 16546-0001