

CONTACT INFORMATION:

DIANNE ROGERS, Learning Differences Program Director

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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 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 the Learning Differences Program
 - Clinical diagnostic report including the Wechsler Adult Intelligence Scale and the interpretive report.
 - Teacher Recommendation Form completed by LD Specialist and two (2) teachers' letters of reference
- (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 _____

Emergency Contact Name _____ Contact's Relationship _____

Contact's Phone _____

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

MEDICAL HISTORY:

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

If yes, please explain: _____

Name of your family doctor _____ Phone _____

Have you ever 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 any specific concerns related to *(please check all that apply)*:

Visual Defects Speech Defects Hearing Defects Seizures Emotional Issues

Please share any other information that 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

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

Admissions standards and policies are free of discrimination on grounds of race, creed, color, national origin, age, sex, or handicap as defined by law.