

REGIONAL CENTER FOR LEARNING DISABILITIES Summer Experience 2025

For Students with Language-Based Learning Disabilities

Application for Admission

TWO Sessions Available – choose ONE –

Session 1 - July 7 – July 17 (Monday thru Thursday) OR Session 2 - August 4 – August 14 (Monday thru Thursday)

This program is offered by FDU's Regional Center for Learning Disabilities.

Early applications are encouraged as enrollment is limited to ensure maximum personal attention.

The deadline for application is June 30, 2025.

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Fairleigh Dickinson University's Summer Experience offers the follow options				
Please indicate your desired session: SESSION 1 (7/7 – 7/17) OR SESSION 2 (8/4 – 8/14)				
Also choose from the following: Morning Session Only • Cost: \$ 850.00 (9:00 am – 12:30pm) -REQUIRED Afternoon Session (s) • Cost: \$ 200.00 each (1-2 pm, 2-3 pm, 3-4 pm)				
Morning Includes: Assistive Technology • Writing • Metacognitive Strategies				
Afternoon Electives: ☐ OG Reading ☐ Developmental Math ☐ Writing Sign up for 1,2 or ALL 3				
ease Print				
Personal Information				
Mr. ☐ Ms. udent Name				
te of BirthStudent Cell Phone				
udent Email				
rmanent Address City State Zip				
ame of Parent/Guardian				
ome PhoneParent/Guardian Cell Phone				
School Information				
ırrent School				
Name sticipated Date of Graduation Unit June 2025 Unit June 2026 Other				
uidance Counselor Name				
one				

III. Related Academic Informatio	n	
TO THE STUDENT: Please answer the following	ng:	
What, if any, special education support replacement classes, supplemental sup		ol (e.g., resource center, collaborative support, ol). How did they help you?
2. How do you feel you will benefit by	attending the Regional Center S	ummer Experience?
3. Please rate your skills in the following	ng area (from 1 to 5, with 1 bein	g weakest and 5 heing strongest)
Time Management	Study Skills	Computer Literacy
Research Skills	Self-advocacy	Social Skills
IV. Additional Admission Require	ements	
 In addition to this application, the following I. One letter of recommendation (one from behavior and attitude. Documentation of a learning disability (currently professional conducted within the last the 	n the manager or from the guidance co	unselor) attesting to your motivation,
Please use the follow	wing link for payment	
V. Applicant Signature		
I/we declare that the information reported a	bove is true, correct and complete to	o the best of my/our knowledge.
Signature of Applicant		Date
Signature of Parent or Guardian (Required if applicant is u	nder 18)	Date

Complete application and email to: agmalone@fdu.edu

Summer Experience 2025



FAIRLEIGH DICKINSON