
Instructions For Application To The Louisiana Center for Dyslexia and Related Learning Disorders

**Nicholls
State
University**

PLEASE READ INSTRUCTIONS BEFORE COMPLETING. ALL DOCUMENTS SUBMITTED IN SUPPORT OF THIS APPLICATION BECOME THE PROPERTY OF THE UNIVERSITY AND ARE NEITHER RETURNABLE NOR TRANSFERABLE.

TO APPLY TO THE DYSLEXIA CENTER

To apply to the Center, a student must submit the following documentation to:

**Louisiana Center for Dyslexia and Related Learning Disorders
Nicholls State University
P.O. Box 2050
Thibodaux, La 70310
Attention: Rhonda Zeringue**

1. Completed application for the Center.
2. Send a Copy of your evaluation including a summary of tests administered to determine diagnosis (verification of average or above average intellectual abilities, individual achievement test scores, and language scores).

Evaluation must be current (administered in the last three years).

To apply to the University, contact ADMISSIONS at (985)448-4145 or visit the website, www.nicholls.edu.

Students must complete all steps in the admission process to both the University and the Center before an admission decision can be made.

Applications for admission are processed on a rolling basis. However, students should be aware that there are a limited number of openings in the Center and should apply early to assure space availability.

The program seeks highly motivated students who have been diagnosed as having a learning disability and who have been successfully mainstreamed in college prep courses throughout the four years of high school.

Admission decisions are made after careful review of all submitted documentation. Students may be selected for admission to the Center, or may be placed on a waiting list. The final admission decision is based upon selecting the option best suited to providing a successful experience at NSU for the individual student.

Application For Admission
To The Louisiana Center for Dyslexia and
Related Learning Disorders

Nicholls
State
University

PLEASE PRINT OR TYPE

EXPECTED STARTING DATE FOR ENROLLMENT _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Campus/Apt. _____

Date of Birth ____/____/____ Social Security Number ____/____/____

**Name and Phone number of parent(s)/guardian(s) who can be reached during
business hours concerning this application**

Name _____ Phone () _____

Name of school currently attending

Name _____

City _____ State _____ Zip Code _____

High school attended _____

Date of graduation _____ **Rank** _____

**List school, athletic, or community activities in which you have been involved
during high school or college.**

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YOUR OWN HANDWRITING

1. In what academic areas have you been most successful? _____

2. In what academic areas have you been least successful? _____

3. Briefly describe in your own words how your learning disability affects your academic work. _____

4. What support services do you feel are most important for your success in college? _____

5. Have you ever received special services (speech therapy, resource room, supplemental instruction) at school or from a private tutor? _____ If you have received services, please specify below:

Type of Service	Dates (From/To)	Reason
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6. Please list the subjects for which you have not been mainstreamed in high school. _____

7. When was your learning disability first diagnosed? _____

8. a. What is the date of your most recent diagnostic evaluation? _____

b. Name of evaluator: _____

c. Evaluator's phone number _____

9. Do you use audio tapes of textbooks? _____

If so, are you registered with Recording for the Blind or the Library of Congress? _____

10. Have you passed a high school typing course? _____

11. Describe your ability to use word processing. _____

I declare that the information given on this application is true and complete to the best of my knowledge. I understand that any unanswered questions will delay the processing of my application and may require its return for clarification.

Applicant's signature _____ Date _____

Signature of parent or guardian _____ Date _____