



APPLICATION FOR THE NOTRE DAME COLLEGE  
ACADEMIC SUPPORT CENTER

In addition to the General Application Form for Notre Dame College, the following information must be submitted in order to be considered for acceptance to the Notre Dame Academic Support Center. In submitting this form the applicant understands and accepts all of the conditions and requirements of the Notre Dame Academic Support Center and further understands and agrees that Notre Dame College will be responsible for ONLY those accommodations stipulated in the Academic Support Center Accommodation Form.

Name \_\_\_\_\_

Last

First

Middle

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

Number and Street

City

State

Zip

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_ Date of Birth\_ / \_ / \_ \_ \_

Have you been **diagnosed** with Learning Differences in any of the following areas?

**Reading** \_\_\_ Please give details \_\_\_\_\_

\_\_\_\_\_.

**Math** \_\_\_ Please give details \_\_\_\_\_

\_\_\_\_\_.

**Written Expression** \_\_\_ Please give details \_\_\_\_\_

\_\_\_\_\_.

**Attention Deficit** \_\_\_ Please give details \_\_\_\_\_

\_\_\_\_\_.

List any Accommodations and/or Special Services you are currently receiving or have received in the past three years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Are you currently receiving or have you received professional treatment for any psychological disorder or condition? \_\_\_Yes \_\_\_No.

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

How often do you see your therapist/psychologist/psychiatrist?

\_\_\_\_\_  
\_\_\_\_\_.

What are your favorite academic subjects? \_\_\_\_\_

\_\_\_\_\_.

What are your least favorite academic subjects \_\_\_\_\_

\_\_\_\_\_.

Please list any medications you are taking currently:

Medication	Dosage	Date of Prescription	Reason

Have you had an IEP or 504 Service Plan written in the last **12 months**? \_\_\_ Yes \_\_\_ No

Date \_\_\_\_\_

Have you had a MFE completed in the last **three years** \_\_\_ Yes \_\_\_ No

Date \_\_\_\_\_

**Please include a copy of your most recent multi-factored evaluation or psycho-educational assessment.**

**Is there any other information that would be helpful in determining placement in the Notre Dame College Academic Service Center and the type of services that would be required?**

**Explain**

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**STATEMENT OF FULL DISCLOSURE AND SIGNATURE OF APPLICANT**

By completing this application, I am applying for admission to the Academic Support Center of Notre Dame College, and I am aware that participation in the center will carry **additional fees** payable to Notre Dame College.

Furthermore, I certify that the information I have provided is complete and accurate to the best of my knowledge. I understand that falsification or misrepresentation of any information may result in denial of admission or dismissal from Notre Dame College. If I am accepted by Notre Dame College and choose to enroll, I understand and agree that I will be expected to abide by all of the College's rules and regulations.

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*Signature of Applicant*

*Date*

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