

Application for Admission to the Bentsen Learning Center

Please see <http://mitchell.edu/academic-support/blc/> for additional application process requirements.

Full Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

High School: _____

APPLYING AS:

(Check all that apply)

- ☐ Incoming Freshman
- ☐ Transfer
- ☐ Full Time
- ☐ Part Time
- ☐ Thames to Mitchell College

ENTRANCE DATE:

- ☐ Spring (year) _____
- ☐ Fall (year) _____
- ☐ Other: _____

GENDER:

- ☐ Female
- ☐ Male

Please describe how your disability impacts your learning:

Please describe how you can benefit from the Bentsen Learning Center:

Please enclose the following below:

- ☐ This application (or you may submit an online application at <https://admissions.mitchell.edu/register/BLC>)
- ☐ Unedited writing sample
- ☐ Cognitive testing (e.g. Wechsler Adult Intelligence Scale (WAIS-IV), Wechsler Intelligence Scale for Children (WISC-IV), Woodcock-Johnson Test of Cognitive Abilities (WJ III NU) which includes a clearly stated diagnosis, narrative report, subtest scores and recommendations
- ☐ Achievement testing (e.g. Woodcock-Johnson Tests of Achievement (WJ-III), Wechsler Individual Achievement Test (WIAT-III) which includes a narrative report, subtest scores and current levels of functioning in the areas of reading, writing, and math
- ☐ Current IEP or 504 Plan if available

Mail to: Alice Murallo, Assistant Director
The Bentsen Learning Center
Mitchell College
437 Pequot Avenue
New London, CT 06320

Email: murallo_a@mitchell.edu

By completing this application, I am applying for admission to the Bentsen Learning Center (BLC) for students with documented learning disabilities and attention deficit disorders. I am aware that participation in the Program will carry additional fees payable to Mitchell College.

Signature: _____ Date: _____