

SPECIAL ADMISSIONS CONSIDERATION FORM

Date:

Check for Fall Admission Check for Spring Admission For which year?

<input type="text"/>	
Cell Phone#: <input style="width: 200px;" type="text"/>	E-mail: <input style="width: 250px;" type="text"/>
High School of Graduation: <input style="width: 300px;" type="text"/>	/ <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>

<p>Enrollment Status:</p> <p><input type="radio"/> Freshman <input type="radio"/> Transfer</p> <p>Chosen Major: <input style="width: 250px;" type="text"/></p>	<p>Are you a Veteran of the U.S armed services?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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Disability: (check all that apply)

<input type="checkbox"/> Math- Specific Learning Disability	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Reading-Specific Learning Disability	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Writing-Specific Learning Disability	<input type="checkbox"/> Psychological/Psychiatric	<input type="checkbox"/> Mobility Limitation
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Communicative Disability	<input type="checkbox"/> Other: _____

For Office Use Only:

SA Committee Comments:

Send To: Attention: Special Admissions Committee.
 Bob Murphy Access Center
 California State University, Long Beach.
 1250 Bellflower Blvd. (SSC-110)
 Long Beach, CA 90840
 Phone: (562) 985-1875
 Fax: (562) 985-4529
 www.csulb.edu/bmac

Print and then mail or fax this completed form to the address listed above.

**DEADLINES for submission of this form are as follows:

Fall Semester - February 1st
 Spring Semester - September 1st