



Strategic Alternative Learning Techniques Center

2010 SALT Center Graduate Application

Please type. Applications will not be considered if all fields are not complete.

I am applying for: _____ Spring 2010 _____ Fall 2010

As a: _____ Master's Candidate _____ Doctoral Candidate

University program in which I am enrolled/enrolling: College _____

Department _____

Full Name: _____
Last First Middle Initial

UA Student ID Number: _____
(You are assigned a UA Student ID Number when you file a UA Application for Admission)

Date of Birth: _____ Gender: _____ Female _____ Male
(mm/dd/yyyy)

Mailing Address: _____
Number and Street

_____ City State Zip Country (if applicable)

Home Phone Number with area code: _____

Student Cell Phone Number with area code: _____

Student Email address: _____

Do you have a documented learning disability or attention challenge? Yes No

Please note, if you are not submitting documentation of your learning or attention challenge, please describe your history of academic challenges.

Have you used academic support services in the past? Yes No

If yes, briefly describe those services and how often you used them:

List any obligations or activities that you believe may impact your success at the University (i.e. work, family responsibilities, etc):

What career are you planning to pursue?

By completing this application I am applying for participation in the SALT Center program of enhanced services for students with learning and attention challenges. I am aware that participation in this program will result in additional fees payable to The University of Arizona.

Signature: _____ Date: _____