(return application to):
St. Gregory’s University
Partners In Learning
Benedictine Hall
1900 W. MacArthur St.
Shawnee, OK 74804
405.878.5447 fax
Partners In Learning

Partners In Learning (PIL) offers services, support, and mentoring to students along a continuum. Students with and without disabilities may take advantage of the fee-for-service program. The resources, strategies, and workshops provided are useful for ALL students. Some students who are admitted to St. Gregory’s University on probation may be required to enroll in the PIL program as part of admissibility.

A separate application for PIL is required in addition to application to the university. Students may apply under the following parameters:

*disabled ~ non-disabled
*full service ~ a la carte
*degree-seeking (Associate’s/Bachelor’s/CCS) ~ non degree-seeking (Certificate)

NOTE: College Experience certificate program is under development

Application

Applicant Information

○ Name__________________________
○ Address________________________
○ Phone Number_____________________
○ Email Address_____________________

___ Full Service (cost per semester) ___ A La Carte (check all that apply)
  ○ Assistive Technology
  ○ Workshops/Seminars
  ○ Mentor/Coach
  ○ Advanced Notetaking

___ Degree-Seeking
  ○ Associates  ○ Bachelors  ○ College for Continuing Studies

___ Non-Degree-Seeking (College Experience)
  ○ Certificate Program

*Anticipated Enrollment at St. Gregory’s University?  Fall/Spring  Year________

What is your class ranking?

___ Freshman  ___ Sophomore  ___ Junior  ___ Senior  ___ Other

What is your college major? (if applicable) ________________________

date rec’d:________
Please include any/all evaluations, IEPs, 504 Plans, and other information that may address the disability(ies), diagnosis(es), prescription(s), and functional impact(s). Documents that are more recent will help better identify the most effective support to be provided. However, provide what information is available so that we may review/determine its relevance.

Reference Section: Please list contacts that have been or are currently involved in the diagnosis, treatment, prescription management or counseling that may be able to provide insights or additional information.

NAME of professional  *  Position (e.g., doctor, teacher)

Role (e.g., evaluator, therapist)  *  Email/ Phone#

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Please answer the following questions regarding your education: (attach additional sheet if necessary)

How do you think the PIL program would be of value to you and your education?
What are your academic goals? Work goals? Independent living goals?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

In what ways are you confident in yourself? What skills and traits do you portray that will help you achieve your goals?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Also, what assistance, support, or additional skills do you believe will be helpful to you?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What is your approach or belief about overcoming obstacles?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What services, resources, or support did you find useful in school (K-12)?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________