LEARNING DISABILITY DOCUMENTATION FORM

BOSTON COLLEGE

WILLIAM F. CONNELL SCHOOL OF NURSING
APPLICATION PROCESSING CENTER
PO BOX 225
RANDOLPH, MA 02368-9998
(617) 552-4928

TO BE COMPLETED BY APPLICANT

If you have indicated a professionally-verified learning disability on your application form, please submit a brief explanation below, and attach relevant testing reports and recommendations.

Please mail completed form to the Application Processing Center (see address above).

Social Security Number ☐☐☐ ☐☐ ☐☐☐☐

Name _____ Date of Birth _____

LAST FIRST M.I. MONTH DAY YEAR

EQUAL OPPORTUNITY

Boston College is committed to providing equal opportunity in education and in employment regardless of race, sex, marital or parental status, religion,age, national origin or physical/mental handicap. As an employer, Boston College is in compliance with the various laws and regulations requiring equal opportunity and affirmative action in employment, such as Title VII of the Civil Rights Act and Federal Executive Order #11246. Boston College's policy of equal education opportunity is in compliance with the guidelines and requirements of Title VI of the Civil Rights Act, Title IX of the Higher Education Amendments Act of 1972, and Section 504 of the Rehabilitation Act of 1973.