

# OnCampus at Syracuse University

## Student Application Form

OnCampus is an inclusive university program for SCSD students.

Student's Full Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Current School and Program \_\_\_\_\_

Parent(s)/Guardian name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Contact Information \_\_\_\_\_

home phone

cell phone

e-mail

Referring Classroom Teacher \_\_\_\_\_

name

phone

Please list any inclusive classes that you have taken in the last two years.

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What are your hobbies and interests? \_\_\_\_\_

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Do you have any medications and medical/special needs that we should know about? Do you have a Care Manager through Lifeplan or Prime Care (OPWDD)?

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(attach additional pages as necessary)

Please return this application with at least two letters of recommendation.