



UNIVERSITY
OF
LOUISIANA
L a f a y e t t e

UL LIFE

UL LIFE Program Application Packet Admissions for 2026-2027 Academic Year

Preview Days: September 27, 2025 & October 25, 2025

Interviews Begin in January 2026

Application Deadline December 5, 2025

Mail completed application & all supplemental items to:

UL LIFE Admissions
P.O. Box 43687
Lafayette, Louisiana 70504
Lifeprogram@louisiana.edu

Application and Program Information

Application Deadline and Review

Applications are due by December 5, 2025, by mail. You will receive notification by email regarding the receipt and completion of application documents. You will also receive an email in December, whether you are granted an interview and when it will take place. Interviews will begin in January 2026. If selected, the applicant and their parents/guardians will be required to attend an interview on campus. Program acceptance letters will be sent by April 1. Please do not call about the status of an application, as we will not be able to provide this information. A completed application does not guarantee an interview. If granted an interview, this does not guarantee acceptance into the program. A limited number of students are accepted.

Admission will be based on the following criteria:

- Applicants must be between the ages of 18-25 to apply.
- Applicant must have completed a high school program and received a diploma or certificate. (Or will be in the current academic year)
- The applicant should have a minimum reading level of first grade.
- The applicant must have a diagnosed intellectual disability that interferes with their academic performance.
- The applicant must have sufficient emotional and independent stability to participate in all aspects of UL LIFE.
- The applicant should be able to sit through 90-minute courses.
- The applicant is comfortable around large groups of people.
- The applicant must demonstrate the ability to accept responsibility for their actions and maintain respect for him/herself and others.
- The applicant must have no history of disruptive or aggressive behaviors. **Note: UL LIFE does not have the personnel necessary to manage behavioral issues.**
- The applicant must independently handle their own medication, specialized dietary, and/or medical needs. **Note: UL LIFE staff takes no responsibility for specialized diets or medical needs.**
- The applicant must be independent in basic hygiene. UL LIFE staff is not responsible **for a student's daily hygiene needs.**
- The applicant must be self-motivated and adhere to the policies regarding attendance and participation in coursework within the program and audited UL Lafayette courses.
- The applicant should utilize technology (I.e., cell phone, laptop, etc.) with little to no support.
- Based on a review of records and interviews, the applicant has the potential to successfully achieve their goals within the context of the UL LIFE setting.

Applicants typically received extensive special education services in their high school setting. **Please note UL LIFE is not a degree-granting program.**

Application and Program Information (continued)

Please complete all sections of this application. It is acceptable for the applicant to receive support if needed in completing the application. You may attach additional information and pages for writing space. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application.

Application information will not be returned or duplicated for any purposes. All data and information gathered during the application and interview process will remain as property of UL LIFE and will not be distributed for any purposes.

Application Checklist

Once your completed application has been submitted, you will be notified of receipt of completed application by email. Application information will not be returned. **Note: Applications will not be considered until ALL requested information is received. The applications can be typed and/or printed neatly. Include all information below.**

The following must be submitted for an applicant to be considered for an interview:

- ☐ Pages 4-15 of this application must be completely filled out
- ☐ Copy of Applicant's Current/Most Recent IEP (Please include transition plan if available) – Indicating a reading level of at least 1st grade
- ☐ Copy of Applicant's Most Recent Evaluation with documentation of diagnosis
 - Evaluations accepted from doctors, speech therapists, psychiatrists, school systems, etc.
- ☐ Recent Photograph of Applicant
- ☐ High School Transcript
- ☐ Student Information
- ☐ Student Questionnaire (Completed by Student)
- ☐ Three Letters of Recommendation
 - Mailed directly to UL LIFE
 - Must use the form provided
 - Must be completed by an educator (in the last four years), an employment or volunteer supervisor, and a personal contact
 - Mail to: UL LIFE P.O. Box 43687 Lafayette, Louisiana 70504

* Please be sure to mail back all pages of the student application (pages 4-15).

* Recommendation letters should be mailed separately and directly from the reference.

RELEASE AND EXCHANGE OF INFORMATION

UL LIFE staff may find it necessary to obtain additional information about you from school districts and personnel. In addition, staff may also exchange personal information about you with UL Lafayette faculty and staff in order to provide and enhance educational opportunities. This exchange will occur only with your written permission, as given below, and with the understanding information will only be shared for the purpose of accommodation and academic progress.

I (name), _____
give permission to exchange information about me with the offices/individuals indicated below:

- School Districts
- School Personnel
- Department of Vocational Rehabilitation Office
- Department of Disability and Special Needs Office
- Admissions Office
- Housing Department
- Student Affairs
- Course Instructors
- Financial Aid Office
- University Police
- Health/Wellness
- Counseling Services
- Parents/Guardians
- Registrar's Office
- Mentor
- Other

Applicant Signature: _____

Date: _____



STUDENT INFORMATION

Applicant Information

Name:

Date of Birth:

Age:

Address:

City:

State:

ZIP Code:

Applicant Phone Number:

Applicant Email Address:

Student receives support from the following: (please check all that apply)

- ☐ Vocational Rehabilitation Services
- ☐ Occupational or Physical Therapy
- ☐ Speech Therapy
- ☐ Supplemental Security Income
- ☐ Division of Developmental Disabilities
- ☐ Speech/Hearing Services
- ☐ Medical Assistance
- ☐ Other: _____

Student Legal Information (check which applies):

- ☐ Minor
- ☐ Competent Major
- ☐ Interdicted
- ☐ Representation and Mandate (formerly known as Power of Attorney)
- ☐ Continuing Tutorship
- ☐ Other: _____

Residential Component:

UL LIFE students have the opportunity to live on campus. If accepted, is the applicant interested in living on campus? ☐ Yes ☐ No

FAMILY INFORMATION

Student lives with:

<u>Parent/Guardian</u>		
Name:		
Address:		
City:	State:	ZIP Code:
Email Address:		
Occupation/Employer:		
Cell Phone:	Home Phone:	
<u>Parent/Guardian</u>		
Name:		
Address:		
City:	State:	ZIP Code:
Email Address:		
Occupation/Employer:		
Cell Phone:	Home Phone:	



<u>Siblings</u>	
Name:	Age:

<u>Emergency Contact #1</u>
Name:
Relationship:
Phone Number:
Email:

<u>Emergency Contact #2</u>
Name:
Relationship:
Phone Number:
Email:

MEDICAL HISTORY

Note: Students must be able to administer medication independently.

Please give a brief description of your medical history, including disability diagnosis:

Please list any significant medical or physical conditions:

Please list any medications taken and their purpose:

Please detail any other medical information (including emotional/mental health):

EDUCATION HISTORY

School	City, State	Years Attended	Reason for Leaving

Did/will you receive a certificate or diploma from your high school? ☐ Yes ☐ No

Name of certificate received: _____

Date Received: _____

Received from: _____

In a few words, please describe your academic strengths and weaknesses.

Have you participated in general education classes at your school? ☐ Yes ☐ No

If yes, list inclusive subjects:



EMPLOYMENT HISTORY

Paid Work Experience

Employer/Contact Info.	Responsibilities	Dates worked at this Job	Reason for Leaving

Volunteer Work Experience

Employer/Contact Info.	Responsibilities	Dates worked at this Job	Reason for Leaving

What type of work do you enjoy?



PERSONAL SUPPORT INVENTORY

Completed by (parent/guardian): _____

Academic Skill	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent/ No Assistance
Understanding the value of money				
Handles money to make purchases				
Counting bills, change				
Staying within a budget				
Using a computer for word processing				
Navigating the Internet				
Following verbal directions				
Following written directions				
Keeping up with due dates and assignments				
Studying given information				
Independent Living Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent/ No Assistance
Finding way around a new environment				
Following a schedule				
Managing personal belongings				
Ordering and purchasing from a restaurant				
Finding items in a store				
Taking public transportation				
Use of good judgment skills In an emergency				
Adjusting to new situations or environments				
Caring for personal hygiene and grooming needs				
Social Skills & Communication	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent/ No Assistance
Communicating needs appropriately				
Asking for help or clarification				
Dealing with conflict				
Distinguishing between friends and strangers				
Interacting appropriately with peers				
Respecting authority figures				
Using cell phones				
Verbalizing and/or writing personal information				

Writing Skills (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> No functional writing | <input type="checkbox"/> Writes name | <input type="checkbox"/> Writes/copies all letters |
| <input type="checkbox"/> Writes complete words | <input type="checkbox"/> Writes short sentences | <input type="checkbox"/> Correctly uses punctuation |
| <input type="checkbox"/> Drafts/edits/revises | | |

Reading & Comprehension Skills (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> No functional reading | <input type="checkbox"/> Identifies letters | <input type="checkbox"/> Recognizes familiar words |
| <input type="checkbox"/> Reads short stories | <input type="checkbox"/> Reads chapter books | <input type="checkbox"/> Reads books silently |
| <input type="checkbox"/> Recall/comprehend any of the above: _____ | | |
| Reading Grade Level: _____ | | |

Math Skills (check all that apply):

- ☐ No functional mathematic skills
- ☐ Solves simple problems with calculator
- ☐ Solves simple addition problems without calculator
- ☐ Solves simple subtraction problems without calculator
- ☐ Solves simple multiplication problems without calculator
- ☐ Solves simple division problems without calculator

General Technology Skills (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Does not use technology | <input type="checkbox"/> Uses a cell phone for communication (call or text) |
| <input type="checkbox"/> Uses a computer for academics | <input type="checkbox"/> Uses a computer or phone outside of academics |
| <input type="checkbox"/> Can type using a keyboard | |

Has the applicant utilized assistive technology (voice recorder, cell phones, talk to text, etc.)

☐ Yes ☐ No

If yes, what?

How would you describe the applicant's personality? Feel free to pick a few words that could be used to describe the applicant.

What do you believe are the applicant's strengths and challenges socially?

What do you believe are the applicant's strengths and challenges academically?

STUDENT QUESTIONNAIRE

This section is to be hand-written by applicant and may include additional pages. Please check box below to indicate if scribe was used.

- ☐ Student Wrote Answers
☐ Scribe Wrote Answers

How did you learn about the UL LIFE Program?

Why do you want to be considered for UL LIFE?

Describe what skills you would like to learn in the following areas:

Social - _____

Employment - _____

Academics - _____

What kind of jobs are you interested in after you leave high school or college?

What do you like to do in your free time?

What is your favorite musical group or singer?

Do you spend time with friends outside of school? ☐ Yes ☐ No

If yes, what do you like to do with your friends?

LETTERS OF RECOMMENDATION

To be completed by personal references

Please submit at least three letters of recommendation from references who have known the applicant for one year or longer. Recommendations must represent each of the following:

1. Education (Recent – in Last Four Years)
2. Employment or Community Involvement
3. Personal

Please make three copies of the recommendation form and give one copy to each evaluator for them to complete. By applying for UL LIFE, you are waiving your access to the completed reference forms.

Letters must be submitted using the recommendation form in this packet and be returned with the application in sealed envelopes with the evaluator's signature across the flap or mailed directly to UL LIFE at the address below.

Note: Applications will not be considered until ALL requested information, including recommendation letters, is received. Recommendations can be typed and/or printed neatly.

Mail to:
UL LIFE
P.O. Box 43687
Lafayette, Louisiana 70504

STUDENT RECOMMENDATION FORM

Recommendation for (applicant’s name): _____

The above individual is applying for admission to UL LIFE, a postsecondary transition program for students with intellectual and cognitive disabilities. UL LIFE is designed to enhance the educational and employment opportunities for students. UL LIFE students audit University courses, participate in LIFE classes, and do an academic internship for at least one semester. UL LIFE students should have a desire to continue their educational journey and become more independent. Students should possess the emotional maturity needed to successfully attend classes, work, and social events on a college campus.

Please keep the above information in mind as you complete the recommendation form. Attach any additional pages as needed. Once completed, please mail the recommendation forms and letter to UL LIFE in a sealed envelope with your signature across the flap. The applicant has agreed to waive their access to your recommendation as part of the application process. If you have any questions, please contact UL LIFE at lifeprogram@louisiana.edu.

<u>Name:</u>		
<u>Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Organization:</u>	<u>Relationship</u>	
<u>Email:</u>	<u>Phone Number:</u>	



STUDENT RECOMMENDATION FORM

1. How long have you known the applicant and in what capacity?
2. Please describe whether you feel the applicant would benefit from UL LIFE and why.
3. Please estimate whether the parent/guardian/family of this applicant will support the philosophy and goals of the UL LIFE program? ☐ Unlikely ☐ Likely ☐ Quite Likely
☐ Very Likely
4. Please describe the strengths and challenges of the applicant and how you believe that might impact his or her participation in UL LIFE?

STUDENT RECOMMENDATION FORM

Please complete the following inventory to the best of your ability. For areas unrelated to your knowledge of the student, please mark the N/A column.

Independent Living Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	Unknown
Finding way around a new environment					
Following a schedule					
Managing personal belongings					
Ordering and purchasing from a restaurant					
Finding items in a store					
Taking public transportation					
Use of good judgment skills in an emergency					
Adjusting to new situations or environments					
Caring for personal hygiene and grooming needs					

Comments:

Social Skills & Communication	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	Unknown
Communicating needs appropriately					
Asking for help or clarification					
Dealing with conflict					
Distinguishing between friends and strangers					
Interacting appropriately with peers					
Respecting authority figures					
Using cell phone					
Verbalizing and/or writing personal information (Name, address, phone, etc.)					

Comments:

STUDENT RECOMMENDATION FORM

Academic Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	Unknown
Understanding the value of money					
Handles money to make purchases					
Counting bills, change					
Staying within a budget					
Using a computer for word processing					
Navigating the Internet					
Following verbal directions					
Following written directions					
Keeping up with due dates and assignments					
Studying given information					

PLEASE RESPOND TO THE FOLLOWING STATEMENTS

If applicable, explain the applicant's reading abilities and approximate grade level equivalent:

If applicable, explain the applicant's writing abilities:

If applicable, explain the applicant's math abilities:

STUDENT RECOMMENDATION FORM

Please use this space to give any additional information you believe is important for the UL LIFE admissions team to know about the applicant.