College Program Application

Admission to the College Program for Students with Autism Spectrum Disorder does not guarantee admission to Marshall University, as applications to the university and to the college support program are separate processes. If possible, complete the application in your own handwriting. If handwriting presents a challenge, you may type your responses.

Applications for the Fall 2019 semester must be received by February 1, 2019.

Applications for the High School Summer Transition Program must be received by May 1, 2019.

Applications for the Spring 2020 semester must be received by July 1, 2019.

An application to the support program is considered “complete” and will be accepted only if it includes:

- A clinical psychological evaluation (school-based, or psycho-educational evaluations, will not be accepted) dated within three years of this application;
- The results from an intelligence evaluation, such as the WAIS-III, accompanied by subtest scores and a detailed, narrative report;
- Results from achievement testing (for example, the Woodcock-Johnson Achievement and the Peabody Individual Achievement tests);
- The most recent IEP, if one is in place for a current student.
- For students who have previous college experience: an unofficial transcript from that institution, or other documents that detail classes taken and grades earned.

*Please send copies and not original documents, as the College Program will keep all application materials.

Each completed application will be reviewed thoroughly by staff to ensure all University and College Program requirements are met. Those applicants who do meet the requirements—and who have documentation that suggests the College Program may be a good fit for their specific needs—may be invited to campus for a face-to-face interview. Based upon that interview and the information gathered from the application process, some prospective students will be invited into the College Program for Students with Autism Spectrum Disorder at Marshall University. Formal notification of the decision will be made by mail.

When completed, please return this application to:

Rebecca Hansen, Ed.D.
Marshall University
The West Virginia Autism Training Center
Old Main, Room 316
One John Marshall Drive
Huntington, WV 25755
I am applying for the Fall semester of ________________ (deadline February 1) (year)

I am applying for the Spring semester of ________________ (deadline July 1) (year)

I am a high school junior applying to the High School Summer Transition Program, for Summer ________________ (deadline May 1) (year)

Biographical Information:

Applicant Name: _______________________________________________________________

Nickname, or the name you prefer to be called: ________________________________________

Street or mailing address: _________________________________________________________

City: _______________________________, State: __________ Zip code: ______________

Home telephone: ____________________ Cell Phone: _______________________________

Email: ____________________________________________

Date of birth: ______________ Age: _____ Gender Identity: _____ Citizenship__________

Parent Name(s): __________________________________________________________________

Parent Email(s): ________________________________________________________________

Diagnostic Information:

Please check off the diagnosis you have received that make you eligible for our services:

☐ Asperger’s Disorder
☐ Autistic Disorder
☐ Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS)
☐ Autism Spectrum Disorder (Level____)

Please list any additional diagnoses that have been formally assessed:

_____________________________________________________________________________

Please list the name and contact information of the licensed professional who provided the ASD diagnosis, along with the date the diagnosis was given.

Diagnostician name: _____________________________________________________________

Telephone number: ____________________ Date of diagnosis: ______________

The diagnostician is a (check one): _____ Licensed psychologist; _____ Licensed psychiatrist;
_____ Licensed medical doctor; _____ other (write-in): ________________________________
Do you currently receive support services? (For example: tutoring or special services for Autism Spectrum Disorder, learning disabilities; speech and language therapy; occupational therapy)

_____ Yes (If “Yes,” please explain briefly what services you receive)

_____ No

Current services include: __________________________________________________________

**Personal Statements:**

Please describe how you learn best: _____________________________________________

____________________________________________________________________________

____________________________________________________________________________

My academic strengths include: ________________________________________________

____________________________________________________________________________

____________________________________________________________________________

My academic challenges include: ________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I will require assistance with: __________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I’m interested in attending Marshall University because: ____________________________

____________________________________________________________________________
Participating in The College Program requires that students accept individualized support from a
graduate assistant in the areas of academics, socialization, and independent living. How
comfortable are you when talking about or receiving support for an Autism Spectrum Disorder?

- □ Very Uncomfortable
- □ Somewhat Uncomfortable
- □ Comfortable
- □ Somewhat Comfortable
- □ Very Comfortable
- □ Other

**Educational Information:**
Please list in chronological order the high school(s) and college(s) you have attended,
beginning with the most recent at the top. Report diplomas or types of certificates you
received.

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Dates attended</th>
<th>Certificate or diploma</th>
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Discuss your academic interests: ____________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What do you do in your free time? ________________________________________________
______________________________________________________________________________
______________________________________________________________________________
With what teams, clubs or organizations are you currently involved? __________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What have you accomplished that has made you the most proud? __________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you applied to Marshall University?
☐ Yes
☐ No

If yes, have you been accepted?
☐ Yes
☐ No

**Consent:**

I agree to allow The College Program staff at Marshall University to provide my name, and the fact that I am applying to the CPSASD program for support, to the University’s Admissions Office and Administrative Staff.

Signature of agreement: ____________________________________________________________

(The Old Main Building. The College Program is on the 3rd floor)

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