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 2020 semester must be received by February 1, 2020.

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

You may also email it to fuller26@marshall.edu
☐ I am applying for the **Fall semester** of ____________________ (deadline February 1)

☐ I am applying for the **Spring semester** of ____________________ (deadline July 1)

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

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: _____________________________
____________________________________________________________________________

Something more I’d like you to know about me: _________________________________
____________________________________________________________________________

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 __________________________________________

3
**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.

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<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: ____________________________  Date: ________________________