



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.

Applications for the **Fall** semester must be received by **February 1st**.

Applications for the **High School Summer Transition Program** must be received by **May 1st**.

Applications for the **Spring** semester must be received by **November 1st**.

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 accompanied by subtest scores and a detailed, narrative report.
- ☐ Results from achievement testing.
- ☐ 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 completed and grades earned.

See document titled “Accepted Evaluations for Admissions” for a comprehensive list of acceptable tests. Please reach out to Mindy Thornton at wassl1@marshall.edu if you have another type of testing you would like to have considered. It is best to send electronic versions or copies and not original documents; The College Program will keep all application materials.

Staff will thoroughly review each completed application to ensure all 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 for an 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:

Mindy Thornton, MA, MAC, AADC
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 wassl1@marshall.edu

- ☐ I am applying for the **Fall semester** of _____ (deadline February 1)
(year)
- ☐ I am applying for the **Spring semester** of _____ (deadline Nov. 1)
(year)
- ☐ I am a high school junior applying to the **Summer Transition Program**, for Summer
_____ (deadline May 1)
(year)

Applicant Legal Name: _____

Nickname, or your preferred name: _____

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: _____

Diagnostician Information

Diagnostician name: _____

Telephone number: _____ Date of diagnosis: _____

Latest Evaluation: _____

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 below)
☐ 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 am interested in attending Marshall University because:

Something more I would 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 Autism Spectrum Disorder?

- ☐ Very ***Uncomfortable***
☐ Somewhat Uncomfortable
☐ Comfortable
☐ Somewhat Comfortable
☐ Very ***Comfortable***
☐ Other: _____

Educational Information:

In chronological order, please list 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.

Name of School	Dates Attended	Diploma or Certificate Earned?

Discuss your academic interests: _____

What do you do in your free time? _____

What teams, clubs or organizations are you currently involved in?

What have you accomplished that has made you the proudest? _____

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: _____