

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 Bianca Bragg at hynes@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.

Each completed application will be reviewed thoroughly by staff 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:

Bianca Bragg, M.A.
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 hynes@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 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 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 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.

Name of school

Dates attended

Certificate or diploma

Name of school	Dates attended	Certificate or diploma

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: _____

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