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
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: _____________________________ Date: _____________________