

## 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, 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:

Hillary Adams, 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 [brown235@marshall.edu](mailto:brown235@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

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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