

Student Application

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| First Name  Preferred:  Legal Name: | | | Last Name | | | Today’s Date: |
| Date of Birth: | Age: | | | | WIN: | |
| Gender Identity:    Example: Male, Female, Transgender, Non Conforming | | | | | | |
| Student’s Address | | | | | | |
| City: | | State: | | | Zip Code: | |
| Student’s Phone | | | | Student’s WMU Email    Student’s Preferred Email | | |
| Parent/Guardian #1  Name:  Address:  Phone numbers  Cell:  Home:  Email: | | | | Parent/Guardian #2  Name:  Address:  Phone numbers  Cell:  Home:  Email: | | |

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| How did you find out about the Autism Services Center (ASC)? | |
| ASC Website  High School Counselor  WMU Event  WMU Counselor  WMU Advisor  WMU Faculty  WMU Disability Services for Students Staff | Social Media  College Transition Websites  College Transition Publications  Personnel at another college or university  Conferences or Workshops:  Other: |

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| **Please complete the following:**  **High School Students:**  High School Name and City, State  Junior  Senior  Currently Grade Point Average (GPA)  Did you receive any duel-enrollment credits?  Yes  No, If so, how many?  Anticipated Major:       Minor (if known):  **Transfer Students:**  Transferring from (Name and City, State)  Reason for transferring:  Number of credits completed: GPA:  Anticipated Major:       Minor (if known):  **Currently Enrolled WMU Students:**  Declared Major:       Declared Minor:  Declared 2nd Major or Minor:  Number of credits completed: GPA:  Number of semesters completed at WMU:  Member of Lee Honors College?  Yes  No |
| **Anticipated Enrollment date at WMU and/or the Autism Services Center:**  Fall 20       Spring 20      Summer 20 |
| **WMU Status**  Inquiry  Applied  Accepted  Enrolled – Part Time  Enrolled – Full Time |
| **Residence during School Year**  On-Campus (residence hall or on-campus apartment)  Off-Campus with family  Off-Campus alone or with a Roommate |
| **Outside Supports**  Open case with Michigan Rehabilitation Services  Open case with Bureau of Services for Blind Persons  Kalamazoo Promise Scholar  Seita Scholar |
| **Support Services**  Did you have an IEP or 504 plan in high school?  Yes  No  Under what category did you receive an IEP or with what diagnosis did you receive a 504 plan?    Please list any additional diagnoses that have been formally assessed:    Please indicate below any support services you currently receive or have received within the past 3 years:   |  |  | | --- | --- | | Tutoring | Speech & Language Therapy | | Special Services for ASD/Learning Disabilities | Occupational Therapy | | ABA | Resource Room Program | | Group Therapy | Other: |   Did you receive accommodations through a 504 plan or IEP in high school?  Yes  No  If yes, please list your accommodations:  Do you plan to register with WMU’s Disability Services for Students?  Yes  No |
| **Personal Statements** (to be completed by the student):  What are your expectations of ASC? What do you think you will need to help with?    Based on previous experiences, what are your academic strengths?    Based on your previous experiences, what are your academic challenges?    How do you learn best?    How do you enjoy spending free time?    Do you have any particular academic or career interests? If so, what are they?    Are you involved with any teams, clubs, or organizations? If so, which ones?    If you were to describe your diagnosis and how it affects you, what would you say?    Please provide additional information that you feel would be important for us to know about you. |

**Return application to:**

*Mail*: Autism Services Center

Western Michigan University

1903 W. Michigan Ave.

Kalamazoo, MI 49008-5277

*Fax*: (269) 387-0633

*Scan and email*: psy-autismservicescenter@wmich.edu

Please direct any questions to Kourtney Bakalyar at (269) 387-4349 or psy-autismservicescenter@wmich.edu

When the ASC application and parent questionnaire are completed and submitted to ASC, you will be contacted to schedule an interview with the coordinator of ASC.