

University of Arkansas Autism Support Program Application

Applicant name: _____

Date of birth: _____ Age: _____

Home address:

Phone: _____ Email: _____

Parent 1 name: _____

Parent 1 email: _____ Phone: _____

Parent 2 name: _____

Parent 2 email: _____ Phone: _____

Current school: _____

High School grade-point average: _____

ACT or SAT scores: _____

How did you hear about the ASP?

Have you applied to the UofA? Have you been accepted?

Please list all the diagnoses you have received:

Please list the name and contact information of the licensed professional who provided these diagnoses:

Name:

Phone number: _____ Date of diagnosis: _____

Personal Statements

I learn best when:

My academic preferences and strengths are:

My academic challenges are:

I think I would like to major in:

In my free time I like to:

I am excited about attending the University of Arkansas because:

I am nervous about attending the University of Arkansas because:

If I enroll at the University of Arkansas, I think I will need help with:

What else would you like us to know about you?

Your completed application package should include:

- U of A Autism Support Program Application Form
- Most recent IEP or 504 plan
- Two Recommendation Letters
- Neuropsychological Report stating all diagnoses
- An interview with the director

Please email your application documents to asgreene@uark.edu or send them to:

Dr. Aleza Greene
University of Arkansas Autism Support Program
410 Arkansas Ave.
University of Arkansas
Fayetteville, AR 72701

In addition, students must apply directly to the University of Arkansas:

admissions.uark.edu

For more information, please contact Dr. Aleza Greene, 479-595-6071,

asgreene@uark.edu.