

University of Arkansas Autism Support Program Application

Applicant Name: _____

Nickname or name you prefer to be called: _____

Date of Birth: _____ Age: _____ Sex: _____ Citizenship: _____

Home Address: _____

Home Phone Number: _____

Cell phone number: _____

Email: _____

Mother's Full Name: _____ Occupation: _____

Mother's email: _____ Mother's cell: _____

Father's Full Name: _____ Occupation: _____

Father's email: _____ Father's cell: _____

Siblings' Names and Ages:

_____	_____
_____	_____
_____	_____

List each school that you have attended (elementary through high school or postsecondary) with dates of attendance, beginning with your current school. Please include address and contact person for high school:

High School GPA: _____ ACT scores: _____

Diagnostic Information

Please list all diagnoses you have received:

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

Name: _____

Telephone number: _____ Date of diagnosis: _____

What kinds of support services do you currently receive? (For example: tutoring, note taker, extra time on tests, speech/language, occupational therapy, social skills, counseling, etc.)

Personal Statements

I learn best when: _____

My academic preferences and strengths are:

My academic challenges are:

My academic interests include:

In my free time, I like to:

What have you accomplished that has made you feel very proud of yourself?

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
- Two Recommendation Letters
- Neuropsychological Report stating all diagnoses

Please send your completed application package to:

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

Once we receive these materials, we will contact you to schedule an interview. In addition, students must apply directly to the University of Arkansas:
<http://admissions.uark.edu/>

For more information, please contact Dr. Aleza Greene, 479-595-6071,
asgreene@uark.edu.