**West Virginia University**

**Autism Support Program Application**

Admission to the Autism Support Program does not guarantee admission to West Virginia University, as applications to the university and to the program are separate processes. We are currently accepting applications for the Spring 2024 Semester and Fall 2024 Semester.

In addition to a completed application, we will also need copies of the following items:

* Documentation of Diagnosis of Autism Spectrum Disorder
* Most Recent IEP or Psychological Evaluation

Once completed, please submit your application to:

**Electronically:**  **In-person:**

smsnyder@mail.wvu.edu  WVU Office of Accessibility Service

Attn. Autism Support Program

B20 Stewart Hall

PO Box 6423

Morgantown, WV 26508

We look forward to receiving your application!



Stephanie Lytle

Program Director | Gender Pronouns: She/her/hers

West Virginia University Autism Support Program

B20 Stewart Hall | PO Box 6423 | Morgantown, WV | 26508-6423

Phone: 304.293.6700 | Email: smsnyder@mail.wvu.edu

**West Virginia University**

**Autism Support Program Application**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WVU Student I.D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Collegiate Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ Citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefered Pronouns:\_\_\_\_\_\_\_\_\_\_\_ Major/Area of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information:**

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip Code:

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently receive any support services? (For example: accommodations, counseling, occupational therapy etc.)

☐ Yes (If “Yes,” please explain briefly what services you receive)

☐ No

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List any clubs, organizations or jobs you are currently involved in:

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List any goals you have or skills you want to work on in the following areas:

**Academic Skills:**

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**Independent Living Skills:**

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**Social Skills:**

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