



DREXEL UNIVERSITY

Center for

Autism and Neurodiversity

Application

Personal Information

Student Name:

Today's Date:

Student Mailing Address: *(street, city, state, zip, country)*

Student Date of Birth:

Student Gender:

Male

Female

Other

Student Cell Number:

Student Email:

Home Phone Number:

Student ID#:

Parent/Guardian Information/Emergency Contact

Contact Person #1 Name:

Email Address:

Cell Phone:

Contact Person #2 Name:

Email Address:

Cell Phone:

Previous Educational Information

Name of High School:

School Address:

Type of High School:

Public

Parochial

Private

Home School

Type of Program:

Regular Classroom

Learning Support

Autism Support

Life Skills

Emotional Support

Other (please specify):

Do you have a 504 Plan or an IEP? Yes No

If yes, please provide a copy (not required but encouraged).

Have you been assisted by a TSS or personal aide within the last 12 months?

Yes No

If yes, please explain _____

Drexel University Educational Information

Entering Status:

Freshman Sophomore Pre-Junior Junior Senior Transfer Graduate

College/School:

Major:

On Campus Student Commuter Student Scheduled Fall/Winter Other
Co-Op or N/A
 Online Student Cycle: Spring/Summer

Related Information

Please list any activities or organizations on campus that you are currently involved with or would like to be involved with in the future:

What are some of your interests and hobbies?

What is most exciting to you about attending Drexel University?

How did you hear about the Center for Autism and Neurodiversity (CAN)?

What would you like help with from the CAN program (e.g., study skills, social interaction, etc.)?

Please add any other information that you would want to share.

Signatures

I hereby declare that the information reported above is true, correct, and complete to the best of my knowledge.

Student’s Name (Please Print): _____

Student’s Signature: _____

Date: _____

If someone else assisted the student completion of this application, or if student is under age 18, please complete the following:

Name (Parent or Guardian if under age 18)
(please print): _____

Relationship to applicant: _____

Signature: _____

Date: _____

Your completed application should include:

- Completed CAN application
- Letter of Acceptance to Drexel University
- 504 Plan or IEP (not required but encouraged)

Please send your completed application to CAN@drexel.edu.

For additional information, please contact:
Amy Edwards, EdD
Director, Center for Autism and Neurodiversity
amy@drexel.edu
215-571-4879