



DREXEL UNIVERSITY

# Autism Support Program

Center for Learning and Academic Success Services

## 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 Co-Op Cycle:  Fall/Winter  Spring/Summer  Other or N/A

### 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 Drexel Autism Support Program (DASP)?

What would you like help with from the DASP 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: \_\_\_\_\_

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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: \_\_\_\_\_

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### Your completed application should include:

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

Please send your completed application to [DASP@drexel.edu](mailto:DASP@drexel.edu).

For additional information, please contact:

Amy Edwards, EdD

Director, Drexel Autism Support Program

[amy@drexel.edu](mailto:amy@drexel.edu)

215-571-4879