



- Non-binary/third gender
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to say

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent(s)/Guardian(s):  
\_\_\_\_\_

Your current school:  
\_\_\_\_\_

Name	Location
------	----------

Your guidance counselor:  
\_\_\_\_\_

Name	Phone
------	-------

School, athletic or community activities/clubs in which you have been involved during high school:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. Related Application Information

1.) What is most exciting to you about attending FDU and the COMPASS program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) What is most anxiety-provoking about attending FDU and the COMPASS program?

---

---

---

---

3.) Briefly describe your strengths and your plan to use them to be successful at FDU:

---

---

---

4.) Briefly describe your area(s) of difficulty:

---

---

---

5.) When you experience distress what resource(s) do you usually rely upon to feel better?

---

---

---

---

6.) What accommodation(s) do you feel you will need in order to succeed at FDU?

---

---

---

7.) What special interests do you have?

---

---

---

8.) With whom have you comfortably spoken about having an Autism Spectrum Disorder (or Asperger's Syndrome)?

- Family
- Friends
- Peers/Acquaintances
- Teachers
- Counselors/Doctors
- Other Individuals with AS
- No One

9.) How comfortable are you when talking about having an Autism Spectrum Disorder (or Asperger's Syndrome)?

- Extremely uncomfortable
- Moderately uncomfortable
- Slightly uncomfortable
- Slightly comfortable
- Moderately comfortable
- Extremely comfortable
- Other \_\_\_\_\_

10.) What resources other than those provided by the program\* do you believe you will need to access in order to succeed at FDU? (i.e., psychiatrist, tutor, coach, speech therapist)

---

---

---

*\*Two hours of individualized academic support, one hour of individual therapy, and one hour of group therapy per week.*

11.) What is your plan for getting the services you need that are not provided by FDU/COMPASS (i.e., medication, speech therapy, occupational therapy)?

---

---

---

12.) What is your intended major?

---

13.) Are you interested in a:    single room    double room    not sure yet

14.) Please list your current psychiatric medications, doses, and length of time at current doses. For each, indicate the psychiatric condition(s) for which you are taking the medication.

---

---

---

15.) Please tell us what other emotional or psychiatric difficulties or diagnoses you currently have:

---

---

---

16.) Have you ever been:

Psychiatrically hospitalized?	yes	no;
If yes, when?: _____		
Referred for residential treatment?	yes	no
Violent?	yes	no

If yes to any of the above, please describe: \_\_\_\_\_

16.) Which other college-based support programs are you considering at this time?

---

---

Please list mental health professionals who we may contact to determine whether COMPASS can meet your needs.

Name	Type of Provider/Title	Phone	Fax
------	------------------------	-------	-----

---

---

---

---

---

I give consent for the COMPASS Program staff to contact my guidance counselor and other mental health professionals listed to aid in the application process.

Signature of Applicant

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_

(Required if applicant is under 18)

### III. Applicant Signature

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

Signature of Applicant

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_

(Required if applicant is under 18)

Please mail completed application form along with letter of acceptance to FDU, transcripts, SAT or ACT scores, psychological evaluation stating diagnosis of Asperger's Syndrome or other Autism Spectrum Disorder (dated within 24 months of the application), and high school psychosocial/psychoeducational evaluation and Individualized Education Program (IEP) (if applicable) to the following address:

COMPASS Program  
Center for Psychological Services  
Fairleigh Dickinson University  
131 Temple Avenue  
Hackensack, New Jersey 07601  
Phone: (201) 692-2645



Please visit [www.fdu.edu/compass](http://www.fdu.edu/compass) for additional information about the COMPASS Program.

Due to a generous grant contribution, all COMPASS students for the 2019-2020 academic year will receive scholarships.