



**FAIRLEIGH
DICKINSON
UNIVERSITY**

COMPASS
Florham Campus



Application for COMPASS-Florham Program

School of Psychology and Counseling

Application for Fall 20____

Note: We ask that the student applicant complete the application, with as little help from parent(s) as necessary, so we can get a real sense of the applicant. Completed application to the COMPASS-Florham Program will be reviewed for admission to the program when all of the supplemental materials have been received and after notification of the student's acceptance to the University. Please print or type.

I. Personal Information

Name _____

Last _____ First _____ Middle _____

Date of Birth (Month/Date/Year) _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Day Phone (____) _____

Email Address _____

Parent(s)/Guardian(s) _____

Ethnicity (Optional):

- | | |
|----------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Native American |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asian | |

Gender (Optional)

- Male
- Female
- Non-binary/third gender

- Prefer to self-describe: _____
- Prefer to not say

Your current school _____
Name Location

Your Guidance Counselor _____
Name Phone Number

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

II. Related Application Information

1. What is the most exciting thing to you about attending FDU and the COMPASS-Florham program? _____

2. What is most anxiety-provoking about attending FDU and the COMPASS-Florham 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 Autism Spectrum Disorder?

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

9. How comfortable are you when talking about having Autism Spectrum Disorder?

- 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.

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

12. What is your intended major? _____

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

14. Please tell us what other emotional or psychiatric difficulties or diagnosis you currently have: _____

15. 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-Florham can meet your needs.

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

I give consent for the COMPASS-Florham 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. Application 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 send completed application form along with letter of acceptance to FDU, transcripts, SAT or ACT scores, psychological evaluation stating diagnosis of Autism Spectrum Disorder (dated within 24 months of the application), high school psychosocial/psychoeducational evaluation, and Individualized Education Program (IEP) (if applicable) to:

COMPASS-Florham Program
Department of Psychology and Counseling
Fairleigh Dickinson University
285 Madison Avenue (M-ZN2-01)
Madison, NJ 07940

For additional information about the COMPASS-Florham Program, please visit:

<https://www.fdu.edu/academics/colleges-schools/psychology/compass-program/>
