



APPLICATION TO THE CERTIFICATE IN AUTISM SPECTRUM DISORDERS

Personal Information

Legal Name _____
Last First Middle /Maiden

Social Security Number _____ - _____ - _____

Permanent Address _____ Present Address _____
(if different)
City State Zip City State Zip

Home Telephone: _____ Cell Telephone: _____

Business Telephone: _____ Business E-mail Address: _____

County/City of Permanent Address: _____ Personal E-mail Address: _____

Date of Birth: Month _____ Day _____ Year _____ Marital Status: S M D O

Former Names used on past transcript(s): _____

Gender: Female Male Citizenship Information: U.S. Citizen Permanent Residence/Immigrant

Ethnic Heritage: *(For reporting purposes only)*

(a) Are you of Hispanic, Latino or Spanish origin? Yes No

(b) Select your race - check as many options that apply:

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Observing the appropriate DEADLINE, please indicate the term to which you are applying:

Spring 20 _____ **Summer 20** _____ **Fall 20** _____
Application deadline is October 1 Application deadline is February 1 Application deadline is May 1

EDUCATION: List in chronological order ALL institutions of higher education attended, including Longwood. Begin with the most recent enrollment; include part-time, non-degree and summer studies. Applicants educated outside of the United States must indicate all secondary and post-secondary institutions. **Official transcripts from EVERY INSTITUTION attended (even if noted on subsequent transcripts) MUST be forwarded to you in sealed envelopes. Do not break the seal. Longwood transcripts will be obtained in house.**

Name of School (full name)	City	State	Degree Earned	Dates Attended (mo/yr)

List your recent work experience:

Institution/Agency	City/State	Position	Dates
Institution/Agency	City/State	Position	Dates
Institution/Agency	City/State	Position	Dates

Certification:

Have you ever been convicted of a criminal offense or is a final action pending on any criminal charges other than a minor traffic violation? Yes No If yes, or if you have any question about whether a matter in your background (including offenses committed as a juvenile and charges taken under advisement) constitutes a criminal offense, describe the nature of that matter as accurately as you can: *(attach a separate sheet, if needed)*

Information provided on this application may be sent to the Virginia State Police and other state or federal agencies.

Acknowledge

I certify that the information submitted in support of my application is complete and accurate. I understand that inaccurate information may affect my admission and may be grounds for dismissal.

Signature of applicant

Date

Once you have all of the required items, please return this application to: College of Graduate & Professional Studies, Longwood University, 201 High Street, Farmville, VA 23909. Please return the Graduate Student Application Fee Receipt with the \$40.00 fee (payable to Longwood University) in the enclosed postage paid envelope to: Office of Cashiering, Longwood University, 201 High Street, Farmville, VA 23901.

Application to any Graduate Studies program is considered on the basis of each applicant without regard to race, color, creed, age, sex, disability, or national origin. The College of Graduate & Professional Studies is located in Ruffner Hall, Rooms 130-138; 1.434.395.2707 or 1.877.267.7883.