**Application for Southern’s Transition and Support Program**

**PLEASE NOTE: ALL students must first meet the requirements for admission and be accepted to Southern Adventist University to participate in the Transition and Support Program.**

Applicant Name:

Today’s Date:

Date of Birth: Student ID #:

Street Address:

City, State, Zip:

Home Phone: Cell Phone:

Southern Email: Preferred Email:

Mother’s Name:

Mother’s Email: Mother’s Cell: Father’s Name:

Father’s Email: Father’s Cell:

**Educational Information:** (*please provide official high school transcript.)*

Name of High School:

School Address: School Phone Number:

**Did applicant have a 504 Plan or an I.E.P.?** ☐ Yes ☐ No

*(If YES, please provide us with a copy.*)

Type of program at the school: *(please check all that are appropriate.)*

☐ Regular Classroom ☐ Learning Support ☐ Autism Support ☐ Life Skills ☐ Emotional Support ☐ Other:

**Neuropsychological:** *(please provide copy of most recent testing.)*

Date Completed: Evaluator:

**Student Conduct:**

Does applicant demonstrate behavior issues related to:

Adult Aggression ☐ Yes ☐ No

Peer Aggression ☐ Yes ☐ No

Running Away ☐ Yes ☐ No

**Behavioral Concerns:**

*Please check any behavior concerns that are currently present, or have been present in the past*

*2 years:*

\_\_\_ Significant difficulty separating from family or leaving home

\_\_\_ Difficulty independently maintaining hygiene/grooming

\_\_\_ Anxious mood that interferes with concentration/attention

\_\_\_ Temper outbursts in the school or social settings

\_\_\_ Tics, unusual motor movements \_\_\_ Often belligerent with others

\_\_\_ Difficulty managing sexual impulses/feelings \_\_\_ Fighting

\_\_\_ Frequently withdraws/isolates socially \_\_\_ Frequent periods of irritability

\_\_\_ Clumsy/ poor coordination \_\_\_ Self-harm/cutting/head banging

\_\_\_ Weight loss/gain of 20 pounds \_\_\_ Thoughts or attempts of suicide

\_\_\_ Frequent episodes of sadness, crying \_\_\_ Temper outbursts at home

\_\_\_ Stuttering \_\_\_ Difficulty sleeping

\_\_\_ Abuse of alcohol \_\_\_ Abuse of drugs

\_\_\_ Pulling hair \_\_\_ Eating issues

\_\_\_ Intense or unusual fears \_\_\_ Hyperactivity

\_\_\_ Other:

Has the applicant ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

Does the applicant have any pending criminal charges? ☐Yes ☐ No

**Personal Statements:**

I learn best when:

My academic preferences and strengths are:

My academic challenges are:

In my free time I like to:

What else would you like us to know about you?

**Emergency Contact Information #1 (other than parent or guardian)**

Name:

Relationship:

Cell Phone: Email:

**Emergency Contact Information #2 (other than parent or guardian)**

Name:

Relationship:

Cell Phone: Email:

**By initialing here, we (Student and Parent/Guardian) understand the following:**

Student must be capable of doing university-level work.

The cost of the TSP program is $2,500 per semester.

The TSP fee is in addition to Southern’s tuition and housing fees.

TSP fees are not pro-rated.

Due to FERPA regulations, student must sign and/or provide an authorization

for release of updated information to parents.

DSS will advise Professors, Deans and others as deemed necessary by DSS

that Student is part of the TSP Program

We certify that we have read and understand all of the above information on this application. We certify that the information submitted is factually true and honestly presented.

Student Signature Date

Parent/Guardian Signature Date

Upon completing this application, please submit it along with all relevant records as well as two letters of recommendation to Disability Support Services by email to [DSS@southern.edu](mailto:DSS@southern.edu) or mail it to Disability Support Services (TSP), Southern Adventist University, P.O. Box 370, Collegedale, TN 37315-0370.