



**WESTPREP SUMMER TRANSITION PROGRAM
APPLICATION**

August 1-24, 2011

Part I **Personal information**

Mr ____ Ms ____ Student Name: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address (if different from Student): _____

Parent Phone: _____ Parent Email: _____

High School: _____ Date of Graduation: _____

Please attach copy of high school transcript (unless you are a returning WCSU student).

____ WCSU incoming Freshman ____ WCSU returning student

WCSU ID No.: _____

WCSU Email: _____

____ Non-WCSU student College you will be attending in the Fall: _____

Please choose one of the the following categories to represent your ethnicity:

____ Hispanic, Latino or Latina ____ Not Hispanic, Latino or Latina

Please choose one or more of the following categories to represent your racial identity:

____ American Indian or Alaska Native ____ Asian ____ White

____ Black or African American ____ Native Hawaiian or Other Pacific Island

Part II Personal Essays

How prepared are you for college? Where could you use some help? (For example, time management, organization, study skills, social skills, etc.) What do you hope to learn at WestPrep?

If you have a documented disability, please describe your disability AND how it affects your ability to learn in a classroom and socialize on a college campus.

Part III Additional Information

Have you ever had an Individual Education Plan (IEP) or “504” Plan while attending school?

Yes ____ No ____ If yes, please attach a copy.

If yes, what special education services have you previously used in school (please list all)?

Medications and/or Treatments I Currently Receive:

Is there anything else we should know about you?

Part IV Authorization to Verbally Disclose Disability Information

I voluntarily authorize AccessAbility Services at Western Connecticut State University (WCSU) to verbally disclose information about my disability to WCSU faculty and personnel involved in providing academic or other services to me only if my application is accepted by AccessAbility Services and only for the purpose of discussing my education or other services pertaining to me at WCSU.

I understand that authorization is voluntary, and if I authorize the above verbal disclosure I may revoke this authorization at any time by written notification to the Coordinator of AccessAbility Services.

Part V Applicant Signature

I hereby declare that the information reported above is true and complete to the best of my/our knowledge and fully realize that omission or falsification of information will be considered sufficient reason for rejection of this application, or for dismissal from the program. I also attest that the essays provided are my own original compositions.

Applications are due on or before July 8, 2011. I/we hereby declare that if accepted for admission to WestPrep, payment of the entire fee of \$1474 is due within 10 days of acceptance.

Print Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

For Office Use Only				
Disabilities: ADD/ADHD___	DD___	MAN___	SPE___	WC Access___
AUT___	DF/HH___	MOB___	STI___	E.R. ___
BL___	LD___	PSY___	TBI___	Emer List ___
CI___	LV___	SD___	Other___	MIL___
Date Rec'd: _____				
Documentation Rec'd: Y___ N___				
Reviewed by _____		Date _____		
Accepted: Y___ N___				