St. Cloud State University
SCHOOL OF GRADUATE STUDIES

Application for Admission to Certificate Program
AUTISM

Materials Required to Complete the Application Process

- A completed application form.
- A $35 application fee. (The fee is waived if you have been admitted to a master's program at St. Cloud State University. Should you subsequently begin a master's program, this fee will not be charged again.)
- An official undergraduate transcript(s) showing completion of a baccalaureate degree. (If received from SCSU, we will obtain your transcript from our Office of Records. If already admitted to a Master's program at SCSU, no further transcript will be needed.)
- I am currently enrolled in the following SCSU graduate program _____.

NAME _____
First Middle Last Previous

STUDENT ID _____ **SS NUMBER** _____
(Voluntary for ID purposes only)

CURRENT ADDRESS _____
Street Address City State/Country Zip/Postal Code

_____ _____ _____
Current Home Number Work Number E-mail Address

PERMANENT ADDRESS _____
(if different from above) Street Address City State/Country Zip/Postal Code

Permanent Phone Number _____

CITIZEN/RESIDENT

☐ Citizen of the United States: Resident of which state? _____
☐ Resident Alien of United States: Resident of which state? _____
☐ International Student: Resident of which country? _____

EDUCATION

_____ _____ _____
Degree Graduation Date Name of Institution City State Zip

_____ _____ _____
Degree Graduation Date Name of Institution City State Zip

PLANS FOR GRADUATE STUDY

I intend to begin my graduate study ☐ Fall Semester ☐ Spring Semester ☐ Summer term Year_____
I plan to attend ☐ full-time ☐ part-time ☐ Online Program ☐ Location_____
(if other than on SCSU campus)

● **Please attach a 1-2 paragraph statement of interest and objectives in pursuing a graduate certificate in Autism.**

CURRENT EMPLOYMENT - List most recent

Employer | Address | Position | Dates Employed

_____

_____

_____

Are you or do you wish to be a part of a cohort group taking the coursework at an off-campus site?

☐ Yes - if so, which group?_____ what location?_____

☐ No

ACCESS TO ADMISSION APPLICATION FILE

St. Cloud State University complies with federal and state privacy laws and regulations. Those who may gain access to information in your file are staff and faculty at SCSU who have a need to gain access, and outside organizations and government bodies in limited circumstances as authorized by state or federal law. In addition, you may review your own file. No one else may view your file without your written consent or a subpoena or court order. **If you want the University to give your information to someone else such as parents, spouse, other relatives, or friend, you must complete and sign this section of the application.** This consent will remain in effect for one year from the date you sign unless you advise the University earlier that you want to withdraw your consent. If you give someone else access to your file, that person may be able to help us process your application.

I authorize the following person(s) to receive information in my St. Cloud State University application file.

☐ YES ☐ NO

Name _____

Relation to me _____

Address _____

Street City State Zip Code

Applicant's Signature _____ Date _____

SIGNATURE REQUIRED BY ALL APPLICANTS

☐ I certify that the information given on this application and on all other application materials is complete and correct to the best of my knowledge. I understand that I am responsible for the forwarding of official transcripts from colleges and universities. I have attended, and that such transcripts become the property of SCSU and will not be returned. I understand that falsification of my records may be cause for SCSU to void either my admission or registration or take other appropriate action.

Applicant's Signature _____ Date _____

Return to: **School of Graduate Studies**
121 Administrative Services Building
St. Cloud State University
720 South Fourth Avenue
St. Cloud, MN 56301-4498

FOR OFFICE USE ONLY

Application Received _____ Date Admitted to Program _____