

**Student Application**

**APPLICATIONS WILL BE ACCEPTED
BY BOTH EMAIL AND MAIL.**

**All applications will be reviewed by the
TCS Application Committee.**

**APPLICATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transition and Career Studies**

 **Georgian Court University**

**900 Lakewood Ave.**

**Lakewood, NJ 08701**

**tcs@georgian.edu**

*Georgian Court University does not discriminate in its recruitment and admission of students, regardless of gender, race, creed, color, religion, age, national and ethnic origin, sexual orientation, disability, or veteran status.*

**Application for Admissions Procedure**

To ensure that the Transition and Career Studies program at Georgian Court University is the best match for our applicants, this application must be completed by the student applying for the program. Student records submitted must demonstrate that the applicant has an intellectual disability to qualify them for an interview. As part of the interview process, applicants will also be asked to demonstrate basic literacy skills in reading and writing.

This is a comprehensive program of study for unique learners who are highly motivated. They are young adults whose “disability” is characterized by “significant limitations in both **intellectual functioning** and in **adaptive behavior,** which covers many everyday social and practical skills” (American Association on Intellectual and Developmental Disabilities). Applicants will have received extensive special education services in their secondary schools and would have considerable difficulty succeeding in a traditional college degree program.

Our program is considered a “Pathway to Possibility.” That is, applicants must have a strong desire to become an independent adult and demonstrate sufficient emotional stability and maturity to successfully participate in the program.

The Transition and Career Studies program is a certificate program (not an accredited college degree program), and exiting students will receive a GCU Certificate of Completion along with their personal portfolio.

**Note**: Due to space limitations, not all applicants who complete the application and meet the criteria for admission will be accepted to the Transitions and Career Studiesprogram.

**Please mail all admissions materials to:**

Transition and Career Studies Program

Georgian Court University

900 Lakewood Ave.

Lakewood, NJ 08701

**Questions?** E-mail **tcs@georgian.edu** or call **732-987-2659.**

**Application for Admission**

Once a completed application has been submitted, an eligibility review is conducted and if determined eligible, the candidate will be contacted to schedule an interview. The interview process includes the prospective student and their parent/family/guardian/support person(s) and is required for admissions consideration.

Applications are accepted and reviewed on a rolling basis. Spots are limited!

The applicant is asked to complete the TCS Student Application (Item 1 below) as independently as possible. The application can be typed directly on the form or printed neatly by hand. Letters of recommendation must be included in sealed envelopes with signatures across the seals. Consideration for an interview may only be scheduled after a completed packet has been received.

**Application Checklist**

**1. TCS Student Application, including**

[ ]  General Student Information Form

[ ]  Parent/Guardian and Emergency Contact Form

[ ]  Education History Form

[ ]  Medical History Form

[ ]  Release/Exchange of Information Form

[ ]  Personal Support Inventory (to be completed by the parent/guardian/support person)

[ ]  Student Questionnaire (to be completed by the applicant)

**2. Official High School Transcript,** including last IEP and if applicable, a record of any postsecondary experiences

**3. Educational Evaluations,** preferably conducted within the past three years as part of the applicant’s eligibility for special education services. Evaluations may include reports from school psychologists, learning disabilities teacher–consultants, speech/language specialists, and members of a Child Study Team/Special Education Diagnostic Team.

**4. Psychological/Behavioral Evaluation** (performed and dated within the last three years).

**5. TWO** **Letters of Recommendation** from people who have known the applicant one year or longer, such as a coach, Child Study Team member, guidance counselor, or teacher, but not immediate family members. Letters should use the **TCS Student** **Recommendation Form** and be returned with the application packet as directed on the form. Recommender’s e-mail address and daytime telephone number must be listed for recommendation to be valid; recommenders will be contacted.

**Application Process Checklist**

**Step 1**

[ ]  Complete and submit the Student Application Packet, including:

[ ]  letters of recommendation with signed seals, and

[ ]  psychological and educational evaluations (documenting intellectual disability).

[ ]  Request high school transcripts to be sent to TCS at Georgian Court University.

**Step 2**

[ ]  When requested, schedule and attend a virtual personal interview accompanied by a parent/family/guardian/support person(s).

**Application Selection Process**

An application screening committee will review applications and select students for admission. Please do not call about the status of an application, as we will not be able to provide this information over the phone. You will receive an e-mail, phone call, or letter letting you know of the admission status. *Note: A limited number of applicants will be admitted each year.*

The decision to offer or deny admission to the program will be made by the screening committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria:

• The applicant must be between the age 18 and 25. *Applicant must turn 18 by December of their first year in the TCS program. Applicant must be 25 or younger at the start of their first year in the TCS program.*

• The applicant must have a significant intellectual disability that interferes with his or her academic performance (AAIDD definition of *intellectual disability*).

• The applicant must have sufficient emotional stability and independent functioning to participate in all aspects of the TCS coursework and campus environment.

• The applicant must demonstrate the ability to accept and follow the GCU Code of Conduct, Title IX and diversity and inclusion policies, and TCS policies and to show respect toward others. *Note: TCS does not have the personnel to supervise students with difficult and challenging behaviors or dispense medications.*

• The applicant must demonstrate the desire to attend TCS and adhere to policies regarding attendance and participation in the TCS coursework and typical GCU classes.

• The applicant must have the potential to successfully achieve his/her goals within the context of the TCS program’s content and setting.

**Please complete all sections of this application (pp. 5–13). It is acceptable for the applicant to receive support, if needed, in completing this section of the application. You may attach additional information and pages for writing space if needed. All sections must be completed in order to assist us in determining this applicant’s acceptance into the program. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application.**

**Student Information**

***Type or print clearly.***

|  |  |
| --- | --- |
| **Last Name** **First Name** **Middle Initial** | **Home Phone** |
| **Street Address** |
| **City** **State** **Zip Code** |
| **E-mail Address** | **Student Cell Phone** |
| **Country of Citizenship** | **Birth Date** |
| **Citizenship Status (only if country of citizenship is not the United States)**Please check one of the following.[ ]  Alien Permanent Resident [ ]  Naturalized[ ]  Alien Temporary Resident [ ]  Non-Reported[ ]  Native |
| **Ethnicity (Optional)**Are you Hispanic or Latino/a/x? [ ]  Yes [ ]  NoRegardless of your answer to the prior question, please indicate how you identify yourself. (You may select one or more.)[ ]  American Indian or Alaska Native [ ]  Native Hawaiian or Other Pacific Islander[ ]  Asian [ ]  White[ ]  Black or African AmericanIf you wish to answer the ethnicity question but feel that the established categories do not fully capture how you identify yourself, you may provide more detail here: |
| **You currently receive support from** (please check those that apply):[ ]  Supplemental Security Income [ ]  Division of Developmental Disabilities(DDD Self-Directed Supports)[ ]  Medical Assistance [ ]  Social Security Disability Insurance[ ]  Division of Vocational Rehabilitation [ ]  Special Education Services (IDEA funding) |
| **How did you hear about the TCS Program?** |

**Family Information
*Type or print clearly.***

**I live with:** [ ]  Both Parents [ ]  Mother [ ]  Father

[ ]  Guardian(s) [ ]  Other

|  |  |
| --- | --- |
| **Mother/Guardian Last Name** **First Name** **Middle Initial** | **Home Phone** |
| **Street Address** |
| **City** **State** **Zip Code** |
| **E-mail Address** | **Cell Phone** |
| **Occupation/Employer** | **Work Phone** |
|  |  |
| **Father/Guardian Last Name** **First Name** **Middle Initial** | **Home Phone** |
| **Address** |
| **City** **State** **Zip Code** |
| **E-mail Address** | **Cell Phone** |
| **Occupation/Employer** | **Work Phone** |

**Please list any immediate family members who are GCU alumni or current students.**

|  |  |
| --- | --- |
| **Name** | **Year Graduated** |
|  |  |
|  |  |
|  |  |
|  |  |

**In Case of an Emergency, Please Contact:**

|  |  |
| --- | --- |
| **Emergency Contact Name** | **Phone Number** |
|  |  |
|  |  |

**Education History**

|  |  |  |
| --- | --- | --- |
| **Schools Attended (Name, City, State)** | **Years Attended** | **Reason for Leaving** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

**1. Did you receive a high school diploma or equivalent?** [ ]  Yes [ ]  No
**If yes, please list school name and date:**

**2. Briefly describe your academic strengths and weaknesses.**

**3. In what ways do you learn best? (e.g., small groups, extra time)**

**4. Describe what skills you would like to learn in the following areas:**

**5. Have you participated in general education classes through your K–12 education?**

[ ]  Yes [ ]  No **If yes, please describe:**

**Were any accommodations used?** [ ]  Yes [ ]  No **If yes, what kind?**

**6. Please describe the careers you are interested in exploring. You may describe environments and areas of interest and not merely career titles.**

**Medical History**

**1. Provide a brief description of your medical history.**

**2. List any significant medical or physical conditions that may impact your participation in classroom, social, or recreational activities on campus, including severe allergies.** *Please note that GCU is not a peanut-free campus.*

**3. List any current medications and indicate the purpose.**

*Note: If the applicant must take medications while on campus, he or she must be independent in administering his/her medications. GCU and TCS do not have the personnel or facility to administer medications.*

**4. Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? If so, please indicate which services.**

**5. Are you independent in self-care, such as toileting and basic hygiene?**

**6. Please provide any other medical information that you feel would be important regarding your participation in this program.**

**Release and Exchange of Information Form**

When you provide Georgian Court University with documentation to verify a disability, that documentation is kept confidential. Documentation of services and contracts with support organizations are also kept confidential. However, it may be necessary for our staff to exchange some information about you with the GCU faculty and staff in order to provide you with educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

**Name:**

**I give permission to exchange information about me to the offices/individuals
checked below:**

[ ]  School district(s); please specify:

[ ]  NJ Department of Labor, Division of Vocational Rehabilitation Services

[ ]  NJ Department of Human Services, Division of Developmental Disabilities

[ ]  GCU Office of Admissions

[ ]  GCU Academic Development Support Center

[ ]  GCU Office of Health Services

[ ]  GCU Counseling Center

[ ]  GCU Office of Financial Aid

[ ]  GCU Office of the Registrar

[ ]  Course instructors

[ ]  Tutor

[ ]  Parents/guardians

[ ]  Other; please specify:

[ ]  **I agree, as part of the application process, to waive my right to access the completed student recommendation forms.**

[ ]  **Additionally, I hereby give permission for the TCS program at Georgian Court University to use photographs/video of me and/or quotes provided by me for public relations and/or training purposes.**

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

*(Required if student is a minor or has a legal guardian)*

**Personal Support Inventory**

***To be completed by parent/family/guardian/support person***

**Name of Person Completing Inventory:**

**Relationship:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Independent Living** **Skills**  | **1** **(Requires Complete** **Assistance)**  | **2** **(Needs moderate assistance)**  | **3** **(Needs some assistance)**  | **4** **(Needs minimal assistance)**  | **5** **(Completely** **Independent)**  |
| Negotiating/finding way around campus environment |  |  |  |  |  |
| Ordering and purchasing from a restaurant/ cafeteria or store |  |  |  |  |  |
| Handling personal affairs: Laundry, light cooking, cleaning, managing personal belongings |  |  |  |  |  |
|  |
| **Interpersonal Skills** | **1** **(Requires Complete** **Assistance)**  | **2** **(Needs moderate assistance)**  | **3** **(Needs some assistance)**  | **4** **(Needs minimal assistance)**  | **5** **(Completely** **Independent)**  |
| Ability to relate to others |  |  |  |  |  |
| Use of judgmentskills in making everyday decisions |  |  |  |  |  |
| Use of judgment skills in an emergency |  |  |  |  |  |
|  |
| **Social Skills and Communication** | **1** **(Requires Complete** **Assistance)**  | **2** **(Needs moderate assistance)**  | **3** **(Needs some assistance)**  | **4** **(Needs minimal assistance)**  | **5** **(Completely** **Independent)**  |
| Communicating needs in an appropriate manner |  |  |  |  |  |
| Engaging in appropriate social interaction  |  |  |  |  |  |
| Using a cell phone,e-mail, texting |  |  |  |  |  |

|  |
| --- |
|  |
| **Academic Skills** | **1** **(Requires Complete** **Assistance)**  | **2** **(Needs moderate assistance)**  | **3** **(Needs some assistance)**  | **4** **(Needs minimal assistance)**  | **5** **(Completely** **Independent)**  |
| Handling money: counting change/bills, understanding values, using checkbook, staying within budget  |  |  |  |  |  |
| Approximate grade level in mathematics: \_\_not sure, high school\_\_\_\_\_\_ |  |  |  |  |  |
| Reading and writing skills: approximate grade levels: HS 12th Reading HS? Writing HS 12th Listening comprehension  |  |  |  |  |  |
| Computer Skills: Word processing  |  |  |  |  |  |
| Computer Skills:Internet  |  |  |  |  |  |
| Motivation to learn and persist on new tasks  |  |  |  |  |  |
| Knows and can verbalize and/or write personal information: name, address, phone, etc.  |  |  |  |  |  |
| Ability to followverbal directions  |  |  |  |  |  |
| Ability to followwritten directions  |  |  |  |  |  |
| Ability to keep a daily schedule with due dates and assignments |  |  |  |  |  |

**Has applicant utilized any assistive technology? If yes, what?**

**Additional Remarks**

Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

**Student Questionnaire**

*To be completed by student applicant. This is an excellent opportunity
to show off your writing skills, your critical thinking skills, and your
creativity. Use additional pages if necessary.*

**1. Why do you wish to be considered for admission to the Transition and Career Studies program?**

**2. What would you like to study in college?**

**3. What do you want to learn what you haven’t learned in high school?**

**4. What kind of jobs are you interested in after you leave school?**

**5. What do you do in your free time?**

**6. What is your favorite hobby or sport?**

**7. What is your favorite musical group or favorite singer?**

**8. Do you spend time with friends outside of school?** [ ]  Yes [ ]  No
**If yes, what do you like to do with your friends?**

**9. Discuss two of your goals for the future upon completion of this program.**

**Student Questionnaire**

**Please use this page to provide us with any additional information about yourself that you wish to share.**