

## Default Question Block



Thank you for your interest in Rutgers College Support Program!

**CSP ADMISSIONS ARE NOW OPEN FOR Fall 2025 ENROLLMENT**

The following application is for the College Support Program (CSP) for the **2025-2026 Academic School Year** for Rutgers University students. **Please be advised that acceptance to the CSP is contingent on acceptance to Rutgers University. Kindly email the CSP at [csp-info@rutgers.edu](mailto:csp-info@rutgers.edu) of your University acceptance status immediately upon receipt.**

Please fill out the information below as accurately and completely as possible. *Any incomplete information may cause a delay in the processing of your application.*

- *We recommend that you set aside enough time (minimum of 30 minutes) to complete and submit the form. You will not have the option to save.*
- *You will know that you've reached the end of the application when a thank you message is displayed.*
- *For applicants with an ASD diagnosis, please be prepared to upload a copy of recent IEP or 504 plan, if available.*

A CSP staff member will be in touch regarding receipt of your application via email.

Application Information: The following information should be completed by the applicant to the CSP.

First Name (Legal):

First Name (Preferred, if Different from Legal Name):

Last Name:

Optional: Please upload a recent picture of yourself.

Do you have an existing diagnosis of Autism (ASD) and/or Attention Deficit-Hyperactive Disorder (ADHD)?

*Note: We use the terms "Autism" and "ADHD" throughout this application because they are the most current terms. We recognize that some applicants may have been diagnosed with Aspergers or ADD in childhood, and CSP is also open to students with those diagnoses.*

- Autism
- ADHD
- No/Not sure

Have you submitted an application to Rutgers University-New Brunswick?

- Yes
- No

Rutgers-New Brunswick Undergraduate Admissions Enrollment Status:

- Applied
- Accepted
- Not Accepted
- Currently Enrolled - Part Time
- Currently Enrolled - Full Time
- International Student

RUID:

Acceptance Decision:

- Have not committed to Rutgers-NB
- Have committed to Rutgers-NB & Have Notified Rutgers of My Decision

### Anticipated Enrollment Date at Rutgers:

- Fall 2025
- Spring 2026

### Anticipated Major:

### Anticipated Minor (if applicable):

### Anticipated residence during school year:

- On-Campus
- Off-Campus (New Brunswick/Piscataway area)
- Off-Campus (commute from home)

### Date of Birth (MM, DD, YYYY):

Age:

Race/Ethnicity:

- Caucasian
- Black or Afro-American
- Hispanic or Latinx
- Asian or Pacific Islander
- Indigenous
- Prefer Not to Respond
- Not Otherwise Listed

If not otherwise listed, please describe your race/ethnicity:

Sex:

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- Male
- Female
- Intersex

Pronouns:

- He/Him/His
- She/Her/Hers
- They/Their/Theirs

Gender Identity:

- Male
- Female
- Transgender
- Gender Non-Conforming/Gender Fluid
- Not Otherwise Listed

If not otherwise listed, please describe your gender identity:

Have you had any paid work experience (have you ever had a paid job)?

- Yes  
 No

Who are/were you employed by?

Is/was your job full or part time?

- Full Time  
 Part Time

What are/were your primary job responsibilities?

How long have you been working there (or how long did you work there for)?



Do you have a driver's license?

- Yes  
 No

Do you use your license and drive a vehicle?

- Yes, often (at least once a week)  
 Yes, occasionally (at least once a month)  
 Yes, infrequently (at least once a year)  
 No

Applicant's Home Address:

Street:

City:

State

Zip Code:

Applicant's Cell Phone #:

Applicant's Email:

Parent/Guardian's Information:

Name:

Relationship to Applicant:

Address:

Cell Phone:

Home Phone (if applicable):

Email:

Would you like to include information for a second parent/guardian?

- Yes
- No



### Parent/Guardian's Information:

Name:

Relationship to Applicant:

Address:

Cell Phone:

Home Phone (if applicable):

Email:

Applicant Signature: I give my permission for the CSP to contact my family.

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**Please note: The services provided by the CSP are funded by a fee of either \$1000 per semester for Tier 1 ACCESSS services, or \$7000 for Tier 2 services (\$3500 per semester with a required**

**2-semester commitment). The CSP fee is separate from Rutgers University tuition and fees.**

Students enrolled with CSP may include program fees in their total cost of attendance when applying for Financial Aid. Please contact The Rutgers New Brunswick One Stop Student Services Center (<https://scarlethub.rutgers.edu/contacts/new-brunswick/>) with inquiries about applying for federal and private loan resources to be used toward CSP services.

New *Jersey* families are encouraged to contact the NJ Division of Vocational Rehabilitation Services (DVRS) to determine eligibility for funding and services. Please see their website: <https://careerconnections.nj.gov>

**Payer's Information:**

Payer's Name:

Payer's Address:

Payer's Phone:

Payer's Email:

**Applicant's Current Status:**

- High School Student
- Transfer Student (Enrolled at a college/university other than Rutgers)
- Current Rutgers Student

High School Information:

School Name:

Address:

Main Office Phone Number:

Website URL:

Current Grade:

- Junior
- Senior

Current Grade Point Average:

Guidance Counselor/CST Information:

Name:

Title:

Phone:

Email:

Guidance Counselor/CST Information:

Name:

Title:

Phone:

Email:

Do you have or have you had an IEP while in K - 12th grades?

- Yes
- No

Applicant Signature: I give my permission for the CSP to contact the reference(s) cited above.

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Transferring From:

Number of Credits Earned:

Major/Minor:

Current GPA:

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Rutgers Information:

RUID:

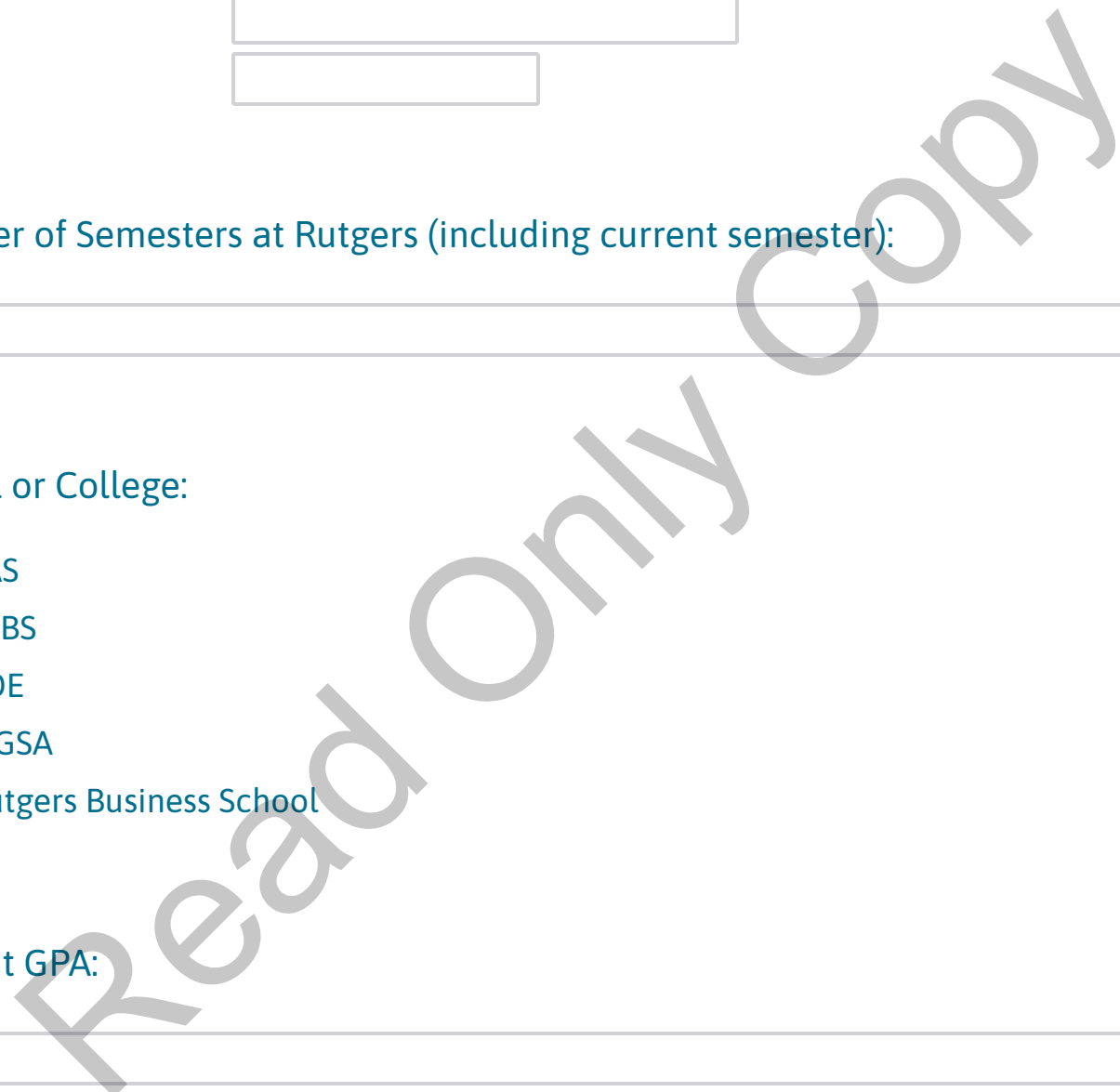
NetID:

Number of Semesters at Rutgers (including current semester):

School or College:

- SAS
- SEBS
- SOE
- MGSA
- Rutgers Business School

Current GPA:





Major (Declared or Anticipated):

Minor (Declared or Anticipated):

Number of Credits Earned:

Residence During School Year:

- On-Campus
- Off-Campus (New Brunswick/Piscataway area)
- Off-Campus (commute from home)

Assigned Academic Dean/Adviser:

The following questions are related to your health information. Please provide as much detail as possible.

Diagnosis/es:

Please list any chronic health issues (ex. Asthma, Diabetes) or medical conditions:

Please list any medications that you are currently prescribed:

Do you take your medications independently and consistently?

- Yes
- No
- Not applicable/Not currently taking medication

Within the past 4 years, have you had incidents of:

	Please select your response.	
	Yes	No
Hospitalization for psychiatric conditions?	<input type="radio"/>	<input type="radio"/>
Aggression towards others?	<input type="radio"/>	<input type="radio"/>
Self-injurious behavior?	<input type="radio"/>	<input type="radio"/>

Mental Health Provider (Psychologist/Psychiatrist/Therapist/Counselor) Contact Information:

Name

Title/Credentials

Phone:

Email:

Address:

### Mental Health Provider (Psychologist/Psychiatrist/Therapist/Counselor) Contact Information:

Name

Title/Credentials

Phone:

Email:

Address:

Applicant Signature: I give my permission for the CSP to contact the reference(s) cited above.

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Are you or will you be registered with Rutgers' Office of Disability Services (ODS)?

Yes

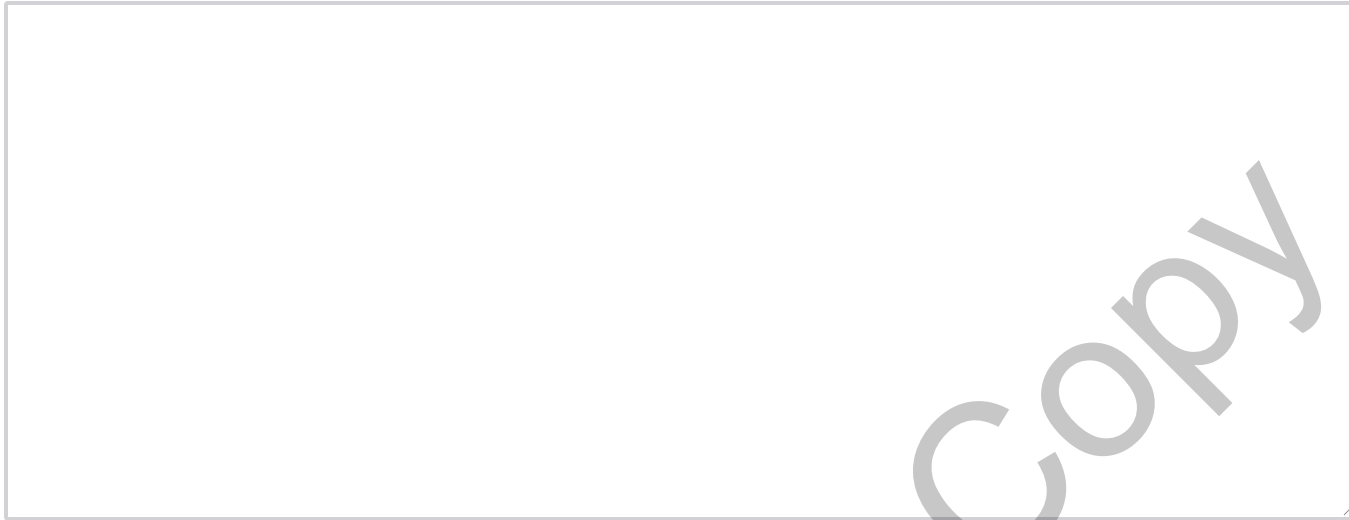
No

Optional: Please attach documentation of most recent (within the last 3 years) neuropsychological assessment/evaluation on official clinician's letterhead:

Please attach required documentation of most recent IEP or 504 plan on official school's letterhead:

Areas of Needed Support:

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Areas of Personal Interest:



Why would you like to be accepted into the College Support Program?  
(**IMPORTANT:** To be completed by the **student applicant**, not parents/guardian).

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Would acceptance, or not, to the CSP impact your decision to enroll at Rutgers?

- Yes
- No

Why or why not?

A small, empty rectangular text box with a thin grey border, intended for the respondent to provide their answer to the question above. A large, light grey watermark reading "Read Only Copy" is diagonally overlaid across the entire page, including this box.

Applicant Signature: I affirm that the information included in this application is accurate to the best of my knowledge.

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Research Opportunities:

Please indicate if you are willing to be contacted regarding future research opportunities (note: indicating "Yes" does not obligate you to participate once contacted and you have the option to request to have your name removed from the future contact list at any time).

- Yes
- No

How did you hear about the College Support Program (CSP)?

- CSP Website



- High School Counselor
- Therapist
- Word of Mouth
- Personnel at Another College/University
- College Transition Publication(s)
- Rutgers Faculty/Staff
- Conference/Workshop
- CSP Employee(s)
- Other

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