



The University of Tennessee at Chattanooga

**APPLICATION FOR MOSAIC PROGRAM for ACADEMIC YEAR 2018-2019**

Prospective students must apply to UTC in a separate application process. Please apply early as acceptance to UTC is a requirement for your Mosaic application.

All the following information must be submitted to the office listed below no later than the **APPLICATION DEADLINE OF Thursday, FEBRUARY 1, 2018 @ 3:00pm (Eastern Time):**

- 1) Completed Mosaic Program application
- 2) Copy of UTC acceptance letter
- 3) Documentation of diagnosis and any history of supports used

Completing an application and providing documentation does not guarantee acceptance to the Mosaic Program. After the application deadline, all completed applications and documentation will be reviewed. A limited number of interviews will be granted. After the interviews, a limited number of students will be accepted into the Mosaic Program.

Completed application can be returned to:

Kristi Mead

University of Tennessee at Chattanooga

615 McCallie Avenue

Dept. 2953

Chattanooga, TN 37403

Fax: (423) 425-2288

For any questions please email [utcmosaic@utc.edu](mailto:utcmosaic@utc.edu) or call 423-425-4006

**APPLICATION FOR UTC MOSAIC PROGRAM FOR ACADEMIC YEAR 2018-2019**

**STUDENT INFORMATION:**

Full Name\_\_\_\_\_

Home Address (street) \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Email\_\_\_\_\_

Cell Phone Number\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name\_\_\_\_\_ Name\_\_\_\_\_

Phone Number\_\_\_\_\_ Phone Number\_\_\_\_\_

E-mail\_\_\_\_\_ E-mail\_\_\_\_\_

**MEDICAL INFORMATION**

List any allergies \_\_\_\_\_

List any dietary restrictions\_\_\_\_\_

List all medications\_\_\_\_\_

**ACADEMIC INFORMATION**

Have you taken the ACT/SAT?\_\_\_\_\_ If so, what score did you receive?\_\_\_\_\_

Do you plan to retake it?\_\_\_\_\_ If so, when?

Did you receive any accommodations while taking the ACT/SAT? \_\_\_\_\_

**\*\*It is important that the prospective student completes the remainder of the application.\*\***

## HISTORY

Date of Birth\_\_\_\_\_

\*Age of initial Autism Spectrum Disorder Diagnosis\_\_\_\_\_

\*Any additional diagnosis\_\_\_\_\_

\*What type of support services have you received in the past or are currently receiving and how have they helped you?

(For example: tutoring, speech and language services, Occupational Therapy...)

What clubs or groups have you been involved with?

Why do you want to come to Chattanooga?

What makes you interested in our university?

Have you decided on a particular major? If so, which one? If not, which majors interest you the most?

## PERSONAL STATEMENT

In 5 years, what do you think your academic life and/or occupation and your personal life will be like?

\* These items require documentation. Please attach copies of relevant documentation.

My academic preferences/strengths:

My academic challenges:

What I need (resources and/or tools) to be successful academically and personally:

Which life skills (cleaning room, cooking, laundry, managing meds, managing dietary restrictions, etc.) are you currently responsible for?

My special interest topic(s) is/are

## PERSONAL ESSAY PROMPT

Please describe how having Autism Spectrum Disorder has impacted your life, relationships, and experiences.

**Please submit typed, double spaced, one page minimum.**

I, \_\_\_\_\_, have completed pages 2-4 of this application.

(Printed name of prospective student)

Signature \_\_\_\_\_ Date \_\_\_\_\_