



AUTISM COURSE SEQUENCE APPROVAL FORM

Program Director approval required; approved forms will be processed by Registrar's Office, Smyth Hall 1
Phone: (585) 389-2819 Fax: (585) 389-2612 Email: registrar@naz.edu

Three courses focusing on Autism are available to community professionals seeking to increase their knowledge base.

Non-credit: 0 credit pass/fail option is available for 1/2 the tuition rate.
Credit bearing: Students can earn 3 credits and receive a grade.
Current tuition rates: www.naz.edu/student-accounts/current-student-costs/

Last Name _____ First Name _____ Social Security # _____

Address _____

City

State/Zip

E-mail Address

Home Phone

Cell Phone

Work Phone

Education Information

College/University _____ Undergraduate Degree/Major _____ Date Degree Earned _____ GPA _____

Do you hold licensure or teacher certification? Yes No If yes, list license or certification area/s: _____

For Federal Reporting Purposes

Date of Birth: _____ Gender: Male Female

1. What is your ethnicity? Not Hispanic or Latino Hispanic or Latino
2. What is your race? Mark one or more races to indicate what you consider yourself to be.
 White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Confirmation of Student Understanding

By signing below, I confirm my understanding that continuation in subsequent courses is dependent on program director approval and satisfactory academic performance. I also confirm my understanding that I am responsible for tuition costs associated with the course(s) and agree to pay tuition by tuition due date. I understand that if a college debt must be referred to outside sources for collection, that I will be responsible for paying additional collection costs including but not limited to, reasonable attorney fees and disbursements.

Printed Name

Signature

Date

OFFICE USE ONLY

Requirements for non-matriculation approval (to be completed by approved college designee for program of interest):

Provision	Met
➤ Completion of undergraduate degree	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Background commensurate with course material	<input type="checkbox"/> Yes <input type="checkbox"/> No

Approval Granted by Program Director Yes No (Note – if approval has been granted, please select one course below for registration)

0 Credit Version (Pass/Fail)

3 Credit Version (Graded)

Fall (list year) _____

AUT 660*CE

AUT 660*30

Spring (list year) _____

AUT 661*CE

AUT 661*30

Summer A (list year) _____

AUT 662*CE

AUT 662*30

Note – A new approval form will be required for each semester of enrollment.

Approval by Program Director:

Printed Name

Signature

Date

To obtain approval, send form to one of the program directors:

Dr. Dawn Vogler-Elias
Communication Sciences and Disorders
Nazareth College
4245 East Ave., Rochester, NY 14618
585-389-2770 • dvogler9@naz.edu

--OR--

Dr. Shanna Jamanis, Nazareth College
Inclusive Education Programs
Nazareth College
4245 East Ave., Rochester, NY 14618
585-389-2622 • sjamani9@naz.edu