

**Autism Spectrum Disorder Concentration (ASDC)
Application
Department of Audiology and Speech Pathology
University of Tennessee Health Sciences**

Name: _____

Phone Number: _____

E-mail Address: _____

Description of Courses or Experiences specifically related to autism

Statement of Participation in the Autism Concentration:

If accepted into the Autism Spectrum Disorder Concentration (ASDC), I agree to pursue the completion of requirements outlined in the University of Tennessee Health Science Center Graduate Catalogue, specified in the Graduate Handbook, and on the Departmental Website. I have read and understand the ASDC Process and Requirements. There is no guarantee that the ASDC requirements can be completed within two or three years of graduate study. I understand that I may withdraw from the ASDC concentration at any time without penalty or prejudice. I will provide written notification of this change to the ASDC clinical coordinator and my Academic Advisor.

Student Signature: _____

Date: _____

Statement of Intent

I would like to pursue the Autism Concentration because...

A large, empty rectangular box with a thin black border, intended for the student to write their statement of intent. The box occupies most of the page below the introductory text.