

ENHANCE

THE ENHANCE PROGRAM AT RAMAPO COLLEGE

PROGRAM APPLICATION

STUDENT CONTACT INFORMATION	
Full Name (First, MI, Last)	Preferred:
Pronouns:	Gender Identity:
Date of Birth:	Age:
Ramapo ID/R Number (if applicable):	
Street Address:	Apt No.
City, State, Zip	Student Home Phone:
Student Cell Phone:	Student Email:

PARENT/GUARDIAN CONTACT INFORMATION	
<i>Parent /Guardian information is mandatory if student is under the age of 18. Although not required if the student is over 18, it is encouraged, since parent education is a component of the ENHANCE program</i>	
Name of Parent/Guardian:	Name of Parent/Guardian:
Parent/Guardian Email:	Parent/Guardian Email:
Parent/Guardian Phone:	Parent/Guardian Phone:

ACADEMIC INFORMATION		
For Current High School Students:	For Transfer Students:	For Current Ramapo Students:
<input type="checkbox"/> Check if current High School Student	<input type="checkbox"/> Check if Transfer Student	<input type="checkbox"/> Check if Currently Enrolled Ramapo Student
School Name:	Name of Transfer Institution:	Current GPA:
Address:	Number of Credits:	Intended or Declared Major:
City, State, Zip	Degree:	Class Standing (1 st year, sophomore, etc.)
GPA:	GPA:	Number of College Credits:
Anticipated Enrollment Date at Ramapo and/or the Enhance Program:		
<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____		
Anticipated Residence during school year:		
<input type="checkbox"/> On-Campus Residence Hall <input type="checkbox"/> Off-Campus (Home)		

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Please describe the areas in which you need support:

What are your areas of strength? How do you believe you can use them to do well at Ramapo?

Do you have any special interests? Can you briefly describe a few?

When you become frustrated and upset, what strategies, if any, do you use to make things better?

Why would you like to be accepted into the ENHANCE program at Ramapo College of New Jersey?

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ENHANCE Student Contract

I understand my responsibilities as a participant in ENHANCE and agree to follow them:

- Meet with ENHANCE Coordinator, Suzanne Calgi for regularly scheduled meetings each week.
- Identify personal goals with Coordinator.
- Work toward achieving goals throughout the semester.
- If I need to reschedule an appointment with Coordinator or with Peer Mentor, I will contact the respective person AS SOON AS POSSIBLE.
- Meet with each of my Peer Mentors a minimum of once per week.
- Attend Thursday 1:00 Group each week.
- Respond within 12 hours to all email, phone and text message sent by ENHANCE Coordinator and Peer Mentors.
- Make every effort to attend ENHANCE social activities.
- In order to fully benefit from services, I intend to remain in ENHANCE for a minimum of two consecutive semesters.

Name of Student (Print)

Signature of Student

Date

By signing this application, the undersigned student and/or parent/guardian certify that all of the statements and information contained in this application are true, accurate and complete as of the date of this application. The undersigned agree to provide Ramapo College of New Jersey (the "College") with copies of all requested documentation referenced in the application. In the event there are any changes to the responses in this application after its submission, the undersigned will promptly notify the College and provide supplemental information and/or documentation as required. The undersigned fully understand that if any statements and/or information contained in this application are incomplete, inaccurate, misleading and/or false the student may be denied admission into the ENHANCE Program or the student's acceptance into the program may be rescinded by the College.

Name of Student (Print)

Signature of Student

Date

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

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To be considered for the ENHANCE program, please mail the following items to the address below:

- Completed ENHANCE application form
- Letter of Acceptance to Ramapo College of New Jersey
- Psychological evaluation stating diagnosis of Autism Spectrum Disorder dated within 24 months of this application. The assessment must be completed by a professional who has comprehensive training and direct experience in the differential diagnosis such as a psychologist, neurologist, or psychiatrist. The professional completing the evaluation is not a family member of the student or someone who has a personal or business relationship with the student.

ENHANCE Program
Ramapo College of New Jersey
Center for Health and Counseling Services, D-216
Attention: Suzanne Calgi, ENHANCE Coordinator
505 Ramapo Valley Rd.
Mahwah, NJ 07430-1623