

EDUCATIONAL BACKGROUND

Secondary Education

Do you have a high school diploma? Yes No Pending Actual/anticipated year of graduation _____

High School: _____ Address _____

Do you have a GED certificate? Yes No Pending Actual/anticipated year earned _____

An official high school transcript or GED certificate must accompany this application.

Post-Secondary Education - (Include Goodwin College, if applicable)

Dates		Name of College	City and State	Major	Credentials Earned
From	To				

EMPLOYMENT INFORMATION

Have you ever been employed in a health-related field? Yes No If yes, how many years? _____

Starting with present or most recent employment:

Employer _____ Position _____ Dates _____ FT PT

Description of Duties

Employer _____ Position _____ Dates _____ FT PT

Description of Duties

Employer _____ Position _____ Dates _____ FT PT

Description of Duties

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____ Phone () _____

Applicant's Statement

I, the undersigned, apply for admission to the Histotechnician certificate program at Goodwin College. I agree that the information given on this application is true to the best of my knowledge. I realize that failure to disclose fully and accurately all facts relating to this application could be grounds for dismissal. I understand that once accepted, it is my responsibility to familiarize myself with, and abide by, the policies, rules, and regulations of the program. Further, I hereby grant permission for me and/or my schoolwork products to be photographed or videotaped and used in college products. This application is made with my consent and I hereby guarantee the payment of all financial obligations incurred.

Signature of Applicant Date

Parent or Guardian Statement

(Required if applicant is a minor) This application is made with my consent and I hereby guarantee the payment of all financial obligations incurred by the applicant.

Parent or Legal Guardian's Signature (if Applicant is a minor) Date

Admissions Officer Date

SIGNATURE _____

DATE _____

Goodwin College complies with the "Jeanne Cley Disclosure of Campus Security Policy and Campus Crime Statistics Act". This report contains a summary of the Goodwin College Safety Department's policies and procedures along with crime statistics as required. Anyone wanting a copy of the report may obtain one by contacting Goodwin's Safety Department at (860) 528-4111 or by stopping by the office.

Goodwin College is an affirmative action/equal opportunity institution. All students are admitted irrespective of age, sex, race, religion, disability, or ethnic background. Providing information on marital status, age, sex, and citizenship status is optional. This information is collected for reporting purposes only and will not be used in the selection process for admission.

For Official Use Only

Admission Rep. _____

High School 2 yrs English Yes No Biology with lab Yes No Chemistry within 5 years Yes No

Post-Secondary Anatomy & Physiology I within 5 years Yes No Anatomy & Physiology II within 5 years Yes No
Microbiology within 5 years Yes No

Scores **SAT:** Verbal ____ Math ____ Year taken _____

ACT: Verbal ____ Math ____ Year taken _____

Accuplacer Score: Sentence Skills ____ Reading ____ Math ____ Algebra ____

Goodwin College: Completed a program Yes No Program Name: _____ Year Graduated _____

General Education courses at Goodwin College Yes No

Accepted into Health Science Program Yes No Not Accepted Yes No

Notes: _____

Academic Advisor _____

Student ID: _____

Reviewed Essential Functions on: _____

Received Signed Essential Functions page on: _____

Letter of acceptance sent on: _____

Student enrolled on: _____

Deposit received on: _____

Remedial - needs: _____

Comments: _____