

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 of graduation: _____

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

Dates		Name of College	City and State	Major	Credential 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

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____ Phone () _____

Applicant’s Statement

I, the undersigned, apply for admission to the Associate in Science Respiratory Care 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. I also state that I have received and understand the *Essential Functions of a Respiratory Therapist*.

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

Goodwin College complies with the “Jeanne Clay 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 and 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. _____ Student ID# _____

High School 2 yrs English YES No Biology YES No Chemistry YES No Algebra YES No

Post-Secondary

Anatomy & Physiology I (within 5 years) YES No

Anatomy & Physiology II (within 5 years) YES No

Chemistry 101 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: _____ Year Graduated _____ GPA _____

Currently attending Goodwin YES No Program: _____ GPA _____

Interview with Program Director

Notes:

Accepted into Respiratory Care Program YES No

Notes:

Signed *Essential Functions of Respiratory Care* on file YES No
