



**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 \_\_\_\_\_

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 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. \_\_\_\_\_

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