

# DOCTORAL PREPARATION ASSISTANCE PROGRAM APPLICATION

## PERSONAL INFORMATION

<b>NAME (PRINTED):</b>		<b>DEPARTMENT:</b>	
<b>ADDRESS:</b>		<b>SUPERVISOR:</b>	
<b>CITY/STATE/ZIP</b>		<b>PHONE NUMBER:</b>	
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## DOCTORAL PROGRAM INFORMATION:

<b>NAME OF UNIVERSITY:</b>	<b>NAME OF PROGRAM &amp; DEGREE:</b>
<b>INTENDED START DATE (MM/DD/YYYY):</b>	<b>ESTIMATED COMPLETION DATE (MM/DD/YYYY):</b>

## STATEMENT OF ACCOMPLISHMENTS

*Please attach a brief statement detailing and highlighting your experience as a faculty or staff member here at Goodwin University as well as contributions you have made to the University community.*

## MATCHING CONTRIBUTION/LOAN STATEMENT

*Goodwin University agrees to contribute a maximum of \$5,000 per calendar year for qualified employees to pursue a doctorate degree. The College's contribution will be considered a loan, which will be forgiven by 2 years of post-doctorate service.*

*I have read the above statement and agree to abide by its terms. Upon Completion of my doctorate studies I will remain employed at Goodwin University for a minimum of two years in a full-time capacity.*

<b>SIGNATURE OF EMPLOYEE:</b>	<b>DATE (MM/DD/YYYY):</b>
<b>PRINTED NAME OF OIE REPRESENTATIVE RECEIVING APPLICATION &amp; SUPPORTING DOCUMENTS</b>	<b>DATE (MM/DD/YYYY):</b>

*THIS SECTION TO BE FILLED OUT BY VICE PRESIDENT OVERSEEING OIE OR, IF UNAVAILABLE, THE VICE PRESIDENT OF HUMAN RESOURCES*

<b>THIS APPLICATION IS:</b>	APPROVED		DENIED
<b>SIGNATURE OF VICE PRESIDENT:</b>			<b>DATE:</b>
<b>PRINTED NAME OF VP:</b>			

