



APPLICATION FOR DOCTORAL PREPARATION ASSISTANCE

Personal Information

Name:	Department:
Address:	Supervisor:
City/State/Zip:	Office Phone:

Doctoral Program Information (Note: Official letter of acceptance must accompany this application)

Name of University:	Program & Degree Sought:
Intended Start Date:	Estimated Completion Date:

Statement of Accomplishments and Contributions

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

Matching Contribution/Loan Statement

Goodwin College agrees to contribute a maximum of \$5,000 per fiscal 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 College for a minimum of two years in a full-time capacity.

Signature of Applicant: _____ Date: _____

Signature of Vice President: _____ Date: _____

This Section to be filled out by Office of the Provost:

This Application for Assistance is Approved
 Denied due to the following: _____

Signature of Provost: _____ Date: _____