



Goodwin College Alumni Course Auditing Program Application

Personal Information:

Name: _____

Address: _____

City, State, Zip: _____

SSN: _____ Date of Birth: _____

Phone: _____ Email: _____

In what year did you graduate from Goodwin College and what degree did you receive? _____

In which term would you like to audit a class: _____

Course Information:

Desired Course Title: _____ Class Days and Time: _____

Class Start/End Dates: _____ Program: _____

Professor: _____

To be completed by the Alumni Relations Office:

Alumnus/a: Yes No

Payment received? Yes No

Approved by program director? Yes No

If not approved by program director, what is the reason for rejection? _____

To be completed by the Registrar Office:

Approved to audit desired course? Yes No

If not approved, what is the reason for rejection: _____

I certify that the information given by me on this application is complete and accurate, and that I have read and understand the rules and guidelines of the Alumni Course Auditing Program.

Candidate's Name (please print): _____

Candidate's Signature: _____ Date: _____

Please return this document to:

Goodwin College Foundation
Attn: Vanessa Pergolizzi/Alumni Relations Coordinator
One Riverside Drive
East Hartford, CT 06118
vpergolizzi@goodwin.edu | 860.913.2160