



ADMISSION REQUEST FORM
Associate Degree in Early Childhood Education

PERSONAL INFORMATION

Name _____
Last *First* *Middle*

Address _____
Street *City* *State* *Zip*

Phone _____ Email _____

PROGRAM ADMISSION

Read and initial each item indicating that you understand the requirements for admission into the Early Childhood Education Program.

- _____ I understand that I must pass ENG 101 with a "C" or better to be admitted to the Early Childhood Education Program.
- _____ I understand that I must pass a criminal and DCF background check to be admitted to the Early Childhood Education Program.

ACADEMIC STANDING

Read and initial each item indicating that you understand the Early Childhood Education Program academic standing requirements.

- _____ I understand that I must pass every core course as outlined in the curriculum with a minimum grade of "C" to successfully complete the Early Childhood Education Program.
- _____ I understand that I must maintain a core GPA of 2.3 for graduation at the associate degree level.
- _____ In the event that I am in jeopardy of failing any course, I understand that it is my responsibility to seek assistance from the Academic Success Center, my instructor, or the Early Childhood Education Program Program Director.

Print Name *Signature of Applicant* *Date*

Please return this form via email, mail, or in person.

PLEASE DELIVER COMPLETED FORM TO:
Goodwin College
ATTN: Michelle Dent, Program Director, Early Childhood Education
One Riverside Drive, Room 402
East Hartford, CT 06118
MDent@goodwin.edu
www.goodwin.edu