GOODWIN COLLEGE

APPLICATION FOR ADMISSION
Medical Assisting (MA)

Complete the application answering all questions. Application must be typed or printed in ink, signed, and dated.

Start date that you are applying for: ☐ January (Spring) ☐ May (Summer) ☐ September (Fall)   Year _____

Name _____
      Last   *First*   *Middle*

Home Phone _____ Email _____

All pre-requisites must be completed. All requested documentation must accompany this application. Acceptable documentation is indicated for each pre-requisite.

PREREQUISITE	DOCUMENTATION
Completion of Medical Assisting programmatic physical (proof of varicella, MMR and Hepatitis B).	Signed form by medical professional submitted before the start of MED 153.
Completion of the following prerequisite courses with a minimum grade of a "C" or better: BIO 101 - Concepts in Human Biology HSC 105 - Medical Terminology	Transcripts reflecting grades in BIO 101 and HSC 105.
Meet with Medical Assistant Program Director or Practicum Coordinator. Must be scheduled during 1st mod (within first 7 weeks).	Documentation of progress and advising in Sonis Web by Program Director or Practicum Coordinator.

Applicant Statement

I, the undersigned, apply for admission to the Certificate/Associate in Science, Medical Assistant 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.

_____   _____
Signature of Applicant   *Date*

Parent or Guardian Statement

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.