



**APPLICATION FOR ADMISSION**  
**Associate Degree in Vision Care Technology**

**Application Deadline for September 2018 is June 15, 2018.**

**Please complete this application in its entirety. Application must be signed and dated.**

All prerequisite courses must be completed or in progress, acceptance will be conditional upon successful completion of those courses. Vision Care Technology Core Requirement Classes cannot be transferred from other institutions. In order to meet program requirements, prerequisites taken at Goodwin College must be completed with a "C" or higher. Courses taken at other accredited colleges must be equivalent to Goodwin College courses and completed with a grade of "C" or higher.

PREREQUISITE	DOCUMENTATION
High School graduate (or GED program certificate)	Copy of high school transcript. Upon acceptance, student must submit an official transcript for their record.
Placement test scores that qualify applicant for English 101 or proof of completion of college level English 101 equivalent or higher	Copy of college transcript or placement test. Upon acceptance, student must submit an official transcript for their record within first 16 weeks. Student must pass with a "C" or better
MATH 1XX – Intermediate algebra or above (Note: transfer credit will be accepted at the level of intermediate algebra or above.)	Student must pass with a "C" or better
Interview with the Vision Care Technology Program Director	Interview notes on file

You may complete and sign this form electronically or by hand and email, mail or hand deliver your completed and signed application.

PLEASE DELIVER COMPLETED FORM TO:

Goodwin College  
ATTN: Maryann Santos, Program Director, Vision Care Technology  
One Riverside Drive  
East Hartford, CT 06118  
MSantos@goodwin.edu  
www.goodwin.edu



## APPLICATION FOR ADMISSION Associate Degree in Vision Care Technology

Students must be able to perform all functions and tasks required of an optician. As part of the curriculum, the student would be asked to fully participate in all clinical field experiences and community service activities. The Vision Care Technology Program will provide accommodation for some disabilities; however, the students are expected to be able to fulfill the following requirements:

1. **MOTOR FUNCTION** - student should be able to:
  - 1a. Manipulate ophthalmic tools and equipment and instruments with both hands
  - 1b. Demonstrate adequate motor skills to accomplish effective use of instrumentation
2. **VISUAL OBSERVATION** - student should be able to:
  - 2a. Determine anatomy and pathology, through biomicroscopic examination
  - 2b. Read material pertinent to the care and safety of the patient, classmates, and faculty.
3. **AUDITORY (HEARING) OBSERVATION** - student should be able to:
  - 3a. Hear timers, telephones, as well as, patient, classmates, and faculty voice ranges
4. **COMMUNICATION SKILLS** - student should be able to:
  - 4a. Have sufficient command of the English language to assure proper verbal and written communication with patients, classmates, and faculty
5. **CRITICAL THINKING SKILLS** - student should be able to:
  - 5a. Comprehend and assimilate the knowledge acquired from didactic courses into the fitting, design, and fabrication of contact lenses
  - 5b. Comprehend and assimilate the knowledge acquired from didactic courses into the fitting, fabrication, and dispensing of ophthalmic eyewear



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Start date that you are applying for: September \_\_\_\_\_  
Year

### PERSONAL INFORMATION

Name \_\_\_\_\_  Male  Female  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip*

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

#### Applicant Statement

I, the undersigned, apply for admission to the Associate in Science Vision Care Technology 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 Goodwin College and the Vision Care Technology 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. I also state that I received, read and understand the Vision Care Technology Student Handbook.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*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.