

## Re-Entry Form

A Re-Entry fee of \$40.00 is due with this application. The Re-Entry Fee is **non-refundable**. This fee is waived for graduates wishing to re-enter for a second degree. Students must have a cumulative GPA of 2.0 or better for automatic re-entry. Applications from students with a GPA below 2.0 will be reviewed by the academic admissions committee. Those students may need to complete a formal re-entry interview.

**SEMESTER (✓CHECK ONE)**

Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer I \_\_\_\_\_  Summer II \_\_\_\_\_

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI.) \_\_\_\_\_ S.S or ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

HOME: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL: ( ) \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL (2): \_\_\_\_\_

**PLEASE BE INFORMED THAT BY RE-ENTERING, YOU WILL BE FOLLOWING THE REQUIREMENTS OF THE CURRENT CATALOG.** Academic Year: 20 \_\_\_\_ - 20 \_\_\_\_ Student Initials: \_\_\_\_\_

**COURSE OF STUDY: (✓CHECK ONE)**

<p style="text-align: center; background-color: yellow;"><b>ASSOCIATE IN OCCUPATIONAL STUDIES (AOS)</b></p> <p><input type="checkbox"/> Airframe &amp; Powerplant Tech.</p>	<p style="text-align: center; background-color: yellow;"><b>ASSOCIATE IN APPLIED SCIENCE (AAS)</b></p> <p><input type="checkbox"/> Aeronautical Engineering Technology</p> <p><input type="checkbox"/> Aero. Tech.-Aviation Maintenance *</p> <p><input type="checkbox"/> Animation &amp; Digital Technology</p> <p><input type="checkbox"/> Aircraft Operations</p> <p><input type="checkbox"/> Airport Management</p> <p><input type="checkbox"/> Airport Management (FAST TRACK)</p> <p><input type="checkbox"/> Electronic Engineering Tech.-Avionics</p>	<p style="text-align: center; background-color: yellow;"><b>BACHELOR OF SCIENCE (BS)</b></p> <p><input type="checkbox"/> Aviation Maintenance *</p> <p><input type="checkbox"/> Aviation Maintenance Management *</p> <p><input type="checkbox"/> Aircraft Operations – Pilot License</p> <p><input type="checkbox"/> Aeronautical Science</p> <p><input type="checkbox"/> Airport Management (FAST TRACK)</p> <p><input type="checkbox"/> Airport Management</p> <p><input type="checkbox"/> Airline Management</p> <p><input type="checkbox"/> Airline/Airport Management (Dual)</p> <p><input type="checkbox"/> General Management</p> <p><input type="checkbox"/> Electronic Engineering Technology - General</p> <p><input type="checkbox"/> Electronic Engineering Technology - Avionics</p> <p><input type="checkbox"/> Mechanical Engineering Technology (Dual)</p> <p><input type="checkbox"/> Mechanical Eng. Tech. - AERO Option</p> <p><input type="checkbox"/> Mechanical Eng. Tech. - CAD Option</p> <p><b><u>Engineering Department Chair Approval:</u></b></p> <p><input type="checkbox"/> Mechatronic Engineering **</p> <p><input type="checkbox"/> Mechanical Engineering **</p> <p><input type="checkbox"/> Electrical Engineering **</p>
<p style="text-align: center; background-color: yellow;"><b>CERTIFICATE</b></p> <p><input type="checkbox"/> Airframe &amp; Powerplant Tech.</p> <p><input type="checkbox"/> Airport Management</p> <p><input type="checkbox"/> Airline Management</p> <p><input type="checkbox"/> Safety Management System</p> <p><input type="checkbox"/> Flight Dispatcher</p>		

\* Must have A&P for Associate (AAS) or Bachelor (BS) degree in Aviation Maintenance & Aviation Maint. Mgt.

**Student Success Center/Advisement:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*Department Chair Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

IF YOU HAVE ATTENDED ANY POST SECONDARY INSTITUTIONS SINCE LEAVING VAUGHN COLLEGE, PLEASE LIST THEM BELOW

• OTHER COLLEGE (S) ATTENDED: \_\_\_\_\_ CREDITS COMPLETED: \_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ DEGREE EARNED: \_\_\_\_\_

86-01 23<sup>rd</sup> Avenue, Flushing NY 11369 Tel: (718) 429.6600 Fax: (718) 429.5291 Email: [registrar@vaughn.edu](mailto:registrar@vaughn.edu)

# VaughnCollege

of aeronautics and technology

**\*OFFICIAL TRANSCRIPTS ARE REQUIRED FOR EVALUATION**

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES     NO

IF YOU ANSWERED YES, PLEASE PROVIDE A DETAILED EXPLANATION ATTACHED TO THIS APPLICATION.

HAVE YOU EVER BEEN DISMISSED OR REQUIRED TO WITHDRAW FROM A SCHOOL OR COLLEGE?

YES     NO

IF YOU ANSWERED YES, PLEASE PROVIDE A DETAILED EXPLANATION ATTACHED TO THIS APPLICATION.

DO YOU CURRENTLY HOLD ANY OF THE FOLLOWING LICENSES? (CHECK ALL THAT APPLY)

AIRFRAME     POWERPLANT     AIRFRAME & POWERPLANT     FCC

A request is hereby made for an evaluation of my credits as they may apply to my re-admission to the course of study stated above. I certify that these statements are true and accurate to the best of my knowledge and belief. I understand that my re-admittance may be contingent upon my outstanding tuition balance, financial aid suspension, or an unsatisfactory review by the academic committee as a result of a GPA/CPA below a 2.0

**SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_