

Application FOR Admission TO THE DISTANCE EDUCATION TELECONFERENCE PROGRAM

86-01 23rd Avenue
Flushing, NY 11369
1.866.6VAUGHN
(1.866.682.8446)
www.vaughn.edu

Please PRINT information requested and return with the required documents, along with the \$40 non-refundable application fee. Read all instructions carefully before completing this form.

PART I — Biographical Data

Social Security Number: _____ - _____ - _____

Gender: Male Female

Date of Birth ____ / ____ / ____
Month Day Year

Name: _____
Last/Family First

Maiden/Other Name: _____
Last/Family First

Home Address: _____

City State Zip

Mailing Address: _____

City State Zip

Home Phone: () _____

Business Phone: () _____

E-Mail Address: _____

Are you a U.S. citizen? Yes No

If no, country or citizenship: _____

Are you a permanent resident? Yes No

If yes, Alien registration Number: A _____

Are you a U.S. veteran? Yes No

If yes, state branch and dates of service:

Are you presently a member of the following?

Reserve National Guard Naval Militia

PART II — Professional Data

Employer: _____

Work Location _____

Is your tuition paid by your company? Yes No

PART III — Optional Data

The information requested below is being collected to meet research and federal reporting requirements. It is confidential and will be released only as statistical summaries in which individuals are not identified. The information has no bearing on either admission or academic decisions but is very helpful in meeting these reporting requirements. Please check one:

- American Indian or Alaskan Native Asian or Pacific Islander
 Black
 Hispanic Do not wish to respond
 White
 Other (specify) _____

