

APPLICATION FOR A SECOND DEGREE PROGRAM

PRINT NAME: _____
(First) (M.I.) (Last)

ADDRESS: _____

CITY, STATE, & ZIP: _____

I.D./SS#: _____ PHONE # : _____

PREVIOUS DEGREE & MAJOR: _____

MONTH & YEAR OF GRADUATION: _____ (mm/yy)

ENTER THE DESIRED DEGREE PROGRAM & CURRICULUM BELOW (CHECK ONE ONLY)

ASSOCIATE IN OCCUPATIONAL STUDIES (AOS)	ASSOCIATE IN APPLIED SCIENCE (AAS)	BACHELOR OF SCIENCE (BS)	MASTERS OF SCIENCE (MS)
<input type="checkbox"/> Airframe & Powerplant Tech.	<input type="checkbox"/> Aeronautical Engineering Technology <input type="checkbox"/> Animation & Digital Technology <input type="checkbox"/> Elect. Eng. Tech.- Avionics <input type="checkbox"/> Aero. Tech.-Aviation Maintenance <input type="checkbox"/> Aircraft Operations <input type="checkbox"/> Airport Management	<input type="checkbox"/> Aviation Maintenance <input type="checkbox"/> Aviation Maintenance Management <input type="checkbox"/> Aircraft Operations - Pilot License <input type="checkbox"/> Aeronautical Science <input type="checkbox"/> Airport Management <input type="checkbox"/> Airline Management <input type="checkbox"/> Airline/Airport Management (Dual) <input type="checkbox"/> General Management <input type="checkbox"/> Electronic Eng. Technology - General <input type="checkbox"/> Electronic Eng. Technology - Avionics <input type="checkbox"/> Mechanical Eng. Tech. - Aero. Option <input type="checkbox"/> Mechanical Eng. Tech. - CAD Option <input type="checkbox"/> Mechanical Eng. Technology (Dual) <u>Engineering Department Chair</u> <u>Approval:</u> <input type="checkbox"/> Mechatronic Engineering ** <input type="checkbox"/> Mechanical Engineering ** <input type="checkbox"/> Electrical Engineering **	<input type="checkbox"/> Airport Management

****Department Chair Signature:** _____ **Date:** _____

SEMESTER YOU PLAN TO START NEW PROGRAM: _____ (mm/yy)

STUDENT SIGNATURE: _____ DATE: ____/____/____

OFFICE USE ONLY:

DATE: ____/____/____

HOLD UNTIL _____ SEMESTER

SIGNATURE : _____