Student Information/Schedule Change Request

Full Name: ____________________________ Campus ID #: __________________

ASU Email: ___________________________ @angelo.edu Phone: __________________________

I would like to report a change to the following information:

☐ Name change ☐ New telephone number noted above ☐ No longer active duty

☐ Change of major/minor/specialization (Circle all that apply)

From: ____________________________ To: ____________________________ Effective Term: __________

☐ Added Course(s) ____________________________ Effective Term: __________

☐ Dropped Course(s) ____________________________ Effective Term: __________

☐ withdrew from all courses for ____________ (term)

☐ Increase in Ch. 33 entitlement to ________ % (attach new COE)

☐ Out of benefits/No longer wish to use benefits (Effective Date: ____________________________)

☐ In-state residency requirements met

☐ Other: _______________________________________________________________________

Signature: ____________________________ Date: ______________

ASU VETS Center
University Center, Room 113
ASU Station #11040
San Angelo, TX 76909
(voice)325.486.VETS  (fax)325.942.2080
VETS@angelo.edu

[Entered by: ______________________ Date: ____________] [Submitted by: __________________ Date: ____________]