



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- Name change New telephone number noted above No longer active duty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: _____]