

**ANGELO STATE UNIVERSITY  
COLLEGE OF HEALTH AND HUMAN SERVICES**

**APPLICATION FOR DEGREE PLAN**

***PLEASE PRINT ANSWERS TO ALL QUESTIONS***

STUDENT'S NAME \_\_\_\_\_  
Last First Middle

CAMPUS ID NUMBER \_\_\_\_\_ ASU E-MAIL ADDRESS \_\_\_\_\_  
All e-mail will be sent to your ASU address.

PHONE #'S: CELL: \_\_\_\_\_ LOCAL: \_\_\_\_\_ PERMANENT: \_\_\_\_\_

LOCAL/ASU MAILING ADDRESS \_\_\_\_\_ Apt. # \_\_\_\_\_

City State Zip Code

PERMANENT ADDRESS \_\_\_\_\_

City State Zip Code

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CATALOG/BULLETIN DESIRED ☐ 2013-2014 ☐ 2014-2015 ☐ 2015-2016

*To determine eligibility for a catalog, see "Graduation Under a Particular Catalog/Bulletin" in the current bulletin.*

TYPE OF DEGREE BA ☐ BS ☐ MAJOR: PSYCHOLOGY ☐ SOCIOLOGY ☐

MINOR(S) \_\_\_\_\_ / \_\_\_\_\_

DOUBLE MAJOR \_\_\_\_\_ / \_\_\_\_\_

ARE YOU ALSO APPLYING FOR A DEGREE IN ANY OTHER DEPARTMENT? (DUAL DEGREE) YES ☐ NO ☐

If yes, which department \_\_\_\_\_

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DO YOU CURRENTLY HOLD A BACHELOR'S DEGREE FROM ANGELO STATE UNIVERSITY OR ANY OTHER UNIVERSITY?

YES ☐ NO ☐

If yes, name of university and date of graduation \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A DEGREE PLAN AT ANGELO STATE UNIVERSITY? YES ☐ NO ☐

If yes, in which department \_\_\_\_\_

ARE YOU RECEIVING VA ASSISTANCE? YES ☐ NO ☐

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head's Signature \_\_\_\_\_ Date \_\_\_\_\_