

**ANGELO STATE UNIVERSITY**  
**COLLEGE OF HEALTH AND HUMAN SERVICES**  
**APPLICATION FOR DEGREE PLAN**  
**SOCIAL WORK**  
**PLEASE PRINT and ANSWER 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: \_\_\_\_\_

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

City State Zip Code

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

City State Zip Code

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CATALOG/BULLETIN ☐ \_\_\_\_\_ ☐ 2014-2013 ☐ 2015-2016 ☐ 2016-2017 ☐ 2017-2018

BSW – PRE-SOCIAL WORK ☐  
(Students who are completing the required pre-requisite courses for the BSW Degree)

BSW in SOCIAL WORK ☐  
Must have approval of Program Director.  
No minor needed. May not be used for double major.

MINOR (Optional): \_\_\_\_\_  
(Not required for Social Work)

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 ☐  
(Financial assistance to veterans and their dependents)

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

Program Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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