ANGELO STATE UNIVERSITY
ARCHER COLLEGE OF HEALTH AND HUMAN SERVICES

APPLICATION FOR DEGREE PLAN

DEPARTMENT OF SOCIAL WORK
PLEASE PRINT and ANSWER ALL QUESTIONS

STUDENT’S NAME ____________________________________________
Last                                               First                                      Middle

CAMPUS ID NUMBER ___________________________        ASU E-MAIL ADDRESS ____________________________

All E-mails 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

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 ____________________________
Department Chair Signature ____________________________ Date ____________________________

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Office of the Dean of Archer College of Health and Human Services.

Rev.4/18 –SWK