



**Angelo State University  
College of Education  
Application for  
Bachelor of Science Degree Plan  
Interdisciplinary Studies**

<b>Date:</b> _____			
<b>Name:</b> _____			
<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>
<b>CID#:</b> _____ - _____ - _____			
<b>Cell Phone #:</b> _____		<b>Home Phone #:</b> _____	
<b>Local Mailing Address:</b> _____			
_____		_____	
City		State	
		Zip	
<b>ASU E-mail Address:</b> _____			

**Choose ONE certification area from the following:**

**Teacher Education Department**

**OR**

**Curriculum & Instruction**

\_\_\_\_\_ Early Childhood to Grade 6 Generalist

\_\_\_\_\_ Grades 4-8 Mathematics

\_\_\_\_\_ Early Childhood to Grade 6 with Special Ed.

\_\_\_\_\_ Grades 4-8 Science

\_\_\_\_\_ Grades 4-8 Generalist

\_\_\_\_\_ Grades 4-8 Social Studies

\_\_\_\_\_ Grades 4-8 English, Language Arts, Reading

**Are you or will you be receiving VA assistance?**

**Yes**

**No**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Academic Advisor

**Revised 1/2009 (Front Page)**

Degree Plan Substitutions to be completed by the Faculty Advisor.

Substitution	Grade	Date course Completed	For ASU course:

Provide justification and reasons for each substitution listed.

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To be signed by the department head for the degree program indicated on the front.

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_  
**Teacher Education**

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_  
**Curriculum & Instruction**