

ANGELO STATE UNIVERSITY  
UNDERGRADUATE  
APPLICATION FOR NURSING DEGREE PLAN

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle I

CID # \_\_\_\_\_  
ASU Student ID#

Local Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Permanent Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Date of ASU Catalog that will apply to your degree requirements: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

When do you expect to graduate? (Month and Year) \_\_\_\_\_

Are you or will you be receiving VA Assistance: Yes No

Do you need a copy of degree plan sent to Financial Aid Office: Yes No

Do you currently hold a baccalaureate degree: Yes No

Have you ever applied for a degree plan at Angelo State University: Yes No

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

My electronic submission of this form demonstrates that all the information contained in this application is accurate and current.

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

\_\_\_\_\_  
Departmental Head's Signature