

**ANGELO STATE UNIVERSITY
APPLICATION FOR
CO-CURRICULAR TRANSCRIPT**

Procedure:
1. Print or type **all** requested information.
2. Application must be legible and completed in its entirety to be processed.
3. Submit completed Application for Co-Curricular Transcript (CCT) to the Center for Student Involvement.

Name: _____
Last First M.I.

Campus ID #: _____ Classification: _____

Local Address: _____

Local Phone: _____

Permanent Address: _____

Permanent Phone: _____

E-mail Address: _____

Academic Major: _____ Minor: _____

Area of Emphasis _____ Degree: _____

Expected Graduation Date: _____

I grant permission for the Center for Student Involvement to release this information for up to three years after my graduation unless I notify them to discontinue use of my Co-Curricular Transcript.

Student Signature Date

If you have any questions, please call the Center for Student Involvement at 325-942-2062.

For Office Use Only
Date received: _____
Date entered: _____
Entered by: _____