ANGELO STATE UNIVERSITY
STUDENT DEVELOPMENT TRANSCRIPT CORRECTION FORM

Procedure:
1. Print or type **all** requested information.
2. Correction form must be legible and completed in its entirety to be processed.
3. Complete one correction form for each activity or honor which needs correcting.
4. Provide detailed information to ensure your SDT is updated properly.
5. Submit completed correction form to the Center for Student Involvement, garden level of the UC.

Name: _____
Last First M.I.

Campus ID #: _____

E-mail Address: _____

Local Phone: _____ Date of Request: _____

I request a change be made to:

____ Name of organization
____ Type of activity
____ Other
____ Year(s) involved in activity
____ Position held

Please describe, as specifically as possible, the correction that needs to be made:

I grant permission for the Center for Student Involvement to make the above requested changes to my Student Development Transcript.

_____
Student Signature Date

ANGELO STATE UNIVERSITY

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