



Student Information/Schedule Change Request

Full Name: _____ Campus ID #: _____

ASU Email: _____@angelo.edu Phone: _____

I would like to report a change to the following information:

- Form with checkboxes for Name change, New telephone number, No longer active duty, Change of major/minor/specialization, Added Course(s), Dropped Course(s), Withdrew from all courses, Increase in Ch. 33 entitlement, Out of benefits, In-state residency requirements met, and Other.

Signature: _____ Date: _____

ASU VETS Center
University Center, Room 113
ASU Station #11040
San Angelo, TX 76909
(voice)325.486.VETS (fax)325.942.2080
VETS@angelo.edu

[Entered by: _____ Date: _____] [Submitted by: _____ Date: _____]