

**ANGELO STATE UNIVERSITY  
ARCHER COLLEGE OF HEALTH AND HUMAN SERVICES**

**APPLICATION FOR DEGREE PLAN**

**DEPARTMENT OF SOCIAL WORK  
PLEASE PRINT and ANSWER ALL QUESTIONS**

**STUDENT'S NAME** \_\_\_\_\_  
Last First Middle

**CAMPUS ID NUMBER** \_\_\_\_\_ **ASU E-MAIL ADDRESS** \_\_\_\_\_  
All E-mails will be sent to your ASU address.

**PHONE #'S: CELL:** \_\_\_\_\_ **LOCAL:** \_\_\_\_\_

**LOCAL/ASU MAILING ADDRESS** \_\_\_\_\_ Apt. # \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

**PERMANENT ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

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**CATALOG/BULLETIN** ☐ \_\_\_\_\_ ☐ 2015-2016 ☐ 2016-2017 ☐ 2017-2018 ☐ 2018-2019

**BSW – PRE-SOCIAL WORK** ☐  
(Students who are completing the required pre-requisite courses for the BSW Degree)

**BSW in SOCIAL WORK** ☐  
Must have approval of Program Director.  
No minor needed. May not be used for double major.

**MINOR (Optional):** \_\_\_\_\_  
(Not required for Social Work)

**ARE YOU ALSO APPLYING FOR A DEGREE IN ANY OTHER DEPARTMENT? (DUAL DEGREE)** YES ☐ NO ☐  
If yes, which department \_\_\_\_\_

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**DO YOU CURRENTLY HOLD A BACHELOR'S DEGREE FROM ANGELO STATE UNIVERSITY  
OR ANY OTHER UNIVERSITY?** YES ☐ NO ☐

If yes, name of university and date of graduation \_\_\_\_\_

**HAVE YOU EVER APPLIED FOR A DEGREE PLAN AT ANGELO STATE UNIVERSITY?** YES ☐ NO ☐  
If yes, in which department \_\_\_\_\_

**ARE YOU RECEIVING VA ASSISTANCE?** YES ☐ NO ☐  
(Financial assistance to veterans and their dependents)

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

\_\_\_\_\_  
Department Chair Signature Date

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Office of the Dean of Archer College of Health and Human Services.