

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

APPLICATION FOR DEGREE PLAN

PLEASE PRINT ANSWERS TO ALL QUESTIONS

STUDENT'S NAME _____
Last First Middle

CAMPUS ID NUMBER _____ **ASU E-MAIL ADDRESS** _____
All e-mail will be sent to your ASU address.

PHONE #'S: CELL: _____ **LOCAL:** _____ **PERMANENT:** _____

LOCAL/ASU MAILING ADDRESS _____ Apt. # _____

_____ City State Zip Code

PERMANENT ADDRESS _____

_____ City State Zip Code

CATALOG/BULLETIN DESIRED 2008-2009 2010-2011 2012-2013
 2009-2010 2011-2012 2013-2014

To determine eligibility for a catalog, see "Graduation Under a Particular Catalog/Bulletin" in the current bulletin.

TYPE OF DEGREE BA BS **MAJOR:** PSYCHOLOGY SOCIOLOGY

MINOR(S) _____ / _____

DOUBLE MAJOR _____ / _____

ARE YOU ALSO APPLYING FOR A DEGREE IN ANY OTHER DEPARTMENT? (DUAL DEGREE) YES NO

If yes, which department _____

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

Student's Signature Date

Department Head's Signature Date