



Parent School Letter Request

<p>Parent School Oregon State University B102 Kerr Administration Bldg. Corvallis OR, 97331-2130 541-737-4331 Fax 541-737-8123 Veterans Certifying Officers contact: Email veterans@oregonstate.edu</p>	<p>Secondary School Institution: _____ VA Email: _____ OR: _____ VA Office Fax: _____ - _____ - _____ *Must provide at least one form of contact.</p>
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Student Name: _____ Chapter: _____

Student Date of Birth: ____ / ____ / ____ Student ID#: _____ Student ID#: _____
OSU ID Secondary School

Student Email: _____ Student Phone: _____ - _____ - _____

To be completed by student and approved by an OSU Academic Advisor:

This is to certify that the above student is pursuing the following program: _____

The course(s) listed below satisfy the program requirements and will transfer, if completed, to Oregon State University (FC#11916137).

Course Number and Title at Secondary School	OSU Course Equivalent

Student Intends to take the above course(s) at the above listed secondary school for the following term:

Fall Winter Spring Summer of _____ (YEAR)

Advisor Name: _____ Advisor Signature _____ Date: ____ / ____ / ____

Student Signature: _____ Date: ____ / ____ / ____

By signing you agree to release information on this form to the secondary school contact you provided above.

***Form must be filled out completely, incomplete forms will not be processed.**

Office Use Only

Certifying Official's Name: _____

Certifying Official's Signature: _____ Date: ____ / ____ / ____