



## Parent School Letter

<p><b>Parent School</b> Oregon State University B102 Kerr Administration Bldg. Corvallis OR, 97331-2130</p> <p>Email: <a href="mailto:veterans@oregonstate.edu">veterans@oregonstate.edu</a> Phone: 541-737-0747 Fax: 541-737-8123</p>	<p><b>Guest School</b> Institution _____ Email _____ Office Fax _____</p> <p>Must provide at least one form of contact above.</p> <p>Guest School Student ID# _____</p>
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Student Name \_\_\_\_\_ OSU Student ID# \_\_\_\_\_

Student Email \_\_\_\_\_ Student Phone \_\_\_\_\_

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

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 Guest School	OSU Course Equivalent

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

Fall  Winter  Spring  Summer of \_\_\_\_\_ (YEAR)

This is to certify that the above student is pursuing the following program \_\_\_\_\_

Advisor Name \_\_\_\_\_ Advisor Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Electronic/digital signatures will not be accepted.*

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

*Office Use Only*

**The student intends to take the courses listed above as a guest student at your school. Please certify the student as the guest school to the VA.**

Student VA Chapter Benefit \_\_\_\_\_

Certifying Official's Name \_\_\_\_\_

Certifying Official's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_