



Parent School Letter Request Form

Last Name: _____ **First Name:** _____ **CWID:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone Number: (____) _____ - _____ **CSUF E-Mail Address:** _____@csu.fullerton.edu

Degree: Bachelors Masters Doctoral

Major or Program: _____ **Concentration:** _____

Course Information

Type of Benefits: _____ **Term:** Fall Winter Spring Summer **Year:** _____

Secondary School Name: _____

Course Title:	Equivalent Course at CSUF:	Units:
1.		
2.		
3.		

Are you concurrently enrolled at CSUF during this term? Yes No

Additional Requirements

- Submit a copy your course schedule showing you are enrolled in the courses above at the secondary school.
- Notify other school of your intent to use benefits at their institution and that you have requested this PSL _____
- Notify CSUF VRC once you receive a grade in all courses approved under this PSL request