Transfer COURSE EQUIVALENCY PETITION OSU leadership minor

1. Complete all fields below.
2. Prepare supplemental documentation for the department offering the OSU course you believe is equivalent to your transfer course. The supplemental documentation should consist of this form, syllabus and/or course description from course catalogue, and anything you feel would be helpful in reviewing to your request.
3. Send or email/scan your petition materials to:

If mailing: Leadership Minor Advisor

112 Strand/Stag Hall

Corvallis, OR 97331

E-mail/Scan: leadershipminor@oregonstate.edu

1. The packet will be reviewed by the department. The review process may take up to two weeks. You will be notified via e-mail to your ONID account when the evaluation is completed.

First Name \* 

Last Name \* 

ONID E-mail Address \* 

Student ID # \* 

Major: \* 

Current Address: \* 

City/State/Zip: \* 

Telephone Number: \* 

Campus Status \*

Extended Campus

Corvallis Campus

If you have spoken with or met with a Leadership Minor advisor prior to submitting this document please indicate that individual below. \*

Tom Henderson

Melanie Jones

Misty Lambert

Aaron McKim

Tyson Sorensen

Josh Stewart

Jonathan Velez

I have not met with a Leadership Minor Advisor

Type of Petition \*

Already took a class and want it to count for a required leadership minor course

I want to take a class in the future and have it satisfy a specific course/credit

*Please answer the following questions that apply to your type of petition in the space provided.*

Course description (for the class you already took) \*



Course description (for the class at OSU that you want transfer credit for) \*



Course description (that you want to take) \*



Clearly state your request \*



Explain why this request should be granted \*



*For Department Use Only: Request Approved Request Denied*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Comments, Name, Signature, and Date*