

Transfer Course Equivalency Form

Last Name: _____ First Name: _____ Student ID # _____

Major: _____ Minor: _____

College/University where you plan to attend classes: _____

Courses you plan to take:

Course # and Title:	Equivalent UIndy Course #/Title:	Required	Elective	Approved	Not Approved
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Students must complete an academic petition to take a course at another institution if it falls within the last 30 credit hours of their degree****

Academic Advisor's Signature: _____ Date _____

Department Chair signature required for a major course approval Date _____