

Transfer Course Equivalency Form

Name: _____ SID # _____

Major: _____ Minor: _____

College/University at which you plan to attend classes: _____

Courses you plan to take:

Course # and Title:	Equivalent U of I 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"/>

Student has a grade point average of 2.0 and is eligible for a course / courses at another university: YES NO

Key Advisor's Signature: _____ Date _____

Department Chair signature for a major course approval Date _____