

# 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 \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Department Chair signature required for a major course approval