Indiana University Undergraduate Credit Transfer Evaluation Form

Name:		ersity ID:	Email:		_
			Intended Major: Institution City/State:		
Institution Web	Address: _				
Transfer Course Number	Transfer Credits	Tra	ansfer Course Title	IU Course Number	IU Credits

Date: _____

• IU does not offer a comparable course and the decision as to how these courses will fit into your undergraduate degree program is made by the degree granting school/division **or**

Approved by: _____

• The course is equated as "UNDI" by departmental request. To have the course transferred as a specific IU course, please contact that IU department directly.

^{*} Semester hours will transfer equally.

^{**} If you attend a school on the **quarter** system, IU credit hours are computed as **two-thirds** of the total transferable quarter hours. If "UNDI" is indicated, the credit hours are considered undistributed for the following reasons: