Indiana University
Department of History
Course Equivalency Petition

Name: __________________________________________
I.U.#:  (New 000--------)_____________________________
E-MAIL: _______________________________________
Local Phone: ____________________________________

COLLEGE/UNIVERSITY: ___________________________
COUNTRY (For OVST) _______________________________
SEMESTER OF ENROLLMENT _______________________

1. Please list the course(s) taken during an overseas study program or through another university which you would like to be considered for direct equivalency:

   a. Course Number: _______ Title: _________________________
   b. Course Number: _______ Title: _________________________
   c. Course Number: _______ Title: _________________________
   d. Course Number: _______ Title: _________________________

2. Each of the transferring courses should have a similar title and description as those offered on the Bloomington campus. Please use your COAS bulletin to determine which I.U. Bloomington course best describes the content of your transfer/overseas course. Note: If you cannot find a course that matches the one completed, the transfer credits should remain undistributed (#----). List full course number below. For example, HIST H104.

   a. I wish to petition course a. above as a substitute for I.U. course ______
   b. I wish to petition course b. above as a substitute for I.U. course ______
   c. I wish to petition course c. above as a substitute for I.U. course ______
   d. I wish to petition course d. above as a substitute for I.U. course ______

Please fill out all of the relevant information above and attach a description and syllabus for each course for which you are requesting equivalency. The Department of History will make the final decision regarding your request. Submit requests to the history undergraduate advisor’s mailbox in BH 742.

For Departmental Use Only:
Approve/Disapprove For a.__________; Approve/Disapprove For b.__________
Approve/Disapprove For c.__________; Approve/Disapprove For d.__________