

Study Abroad Credit Transfer Agreement

SEND THIS FORM AND COURSE/PROGRAM DESCRIPTIONS TO:

Office of International Admissions, Indiana University,
300 N. Jordan, Bloomington, IN, 47405

Phone: (812) 855-4306, Fax: (812) 856-5378, intladm@indiana.edu

PLEASE PRINT CLEARLY to Ensure Timely and Accurate Processing

Your name & current mailing address:

Date: _____

IUID#: _____

IU School or Division: _____

Current IU Major: _____

E-mail: _____

Dates program classes commence & end (MM/DD/YYYY): _____ & _____ City/Country: _____

Information about institution sponsoring your program

Name of sponsoring institution: _____ College/University issuing transcript: _____

Contact Person Name/E-mail/Phone: _____ / _____ / _____

Program Web site: _____

Courses you plan to take overseas			IU-Equivalent			
			DO NOT WRITE IN THIS SECTION (completed by International Admissions)			
Department	Course #/Title	Credit Hours	Department	Course #/Title	Credit Hours	Comments
1.						
2.						
3.						
4.						
5.						
6.						
A maximum of 16 credits is awarded for a semester of study. Exceptions to this rule will be noted here. We will require a/an _____ transcript with credit-bearing courses listed as _____ courses. Credit will not be awarded for courses listed as transfer credit. Credit will not be awarded for grades lower than a "C" equivalent at IU.			Notes:			

Does IU recognize credit from the program? Office of Int'l Admissions Signature: _____

Circle: YES NO Date: _____