

# OSU International Programs Course Equivalency Form

## Course Information

Provider		Program Country:		
City/Program:		Overseas University		
		Academic Year:		Term(S):
Overseas Course Title:			Weeks:	
English Course Title:			ECTS Credits:	
			Instructor	
Level		Recommended Credit:		<input type="checkbox"/> Course materials are attached
<input type="checkbox"/> Lecture	<input type="checkbox"/> Laboratory Work	<input type="checkbox"/> Field Study	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Service Learning
<input type="checkbox"/> Seminar	<input type="checkbox"/> Internship			
Prepared By		Prepared Date		

## Academic Department Evaluation (choose one)

☐ **DIRECT EQUIVALENCY:** Our department has a direct equivalency for this course description. I authorize the following course(s) and credits to be granted.

Course Title:		Course Number:		Credits:	
		Department			
Course Title:		Course Number		Credits:	
		Department			
Course Title		Course Number:		Credits:	
		Departmen			

☐ **NO DIRECT EQUIVALENCY:** Our department has no direct equivalency for this course description. I authorize the overseas transcribing system to be used.

*Under this system, the OSU course number and title would be:*

Course Title		Course Number:		Credits	
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☐ **NOT APPROVED:** This course is not approved for credit in our department.

*Please state the reason(s) this course is not being approved*

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Departmental Approval:

Approval Date

Please sign here:

Date:

Please make a copy for your records and return this completed form to: IDEA, University Plaza, Suite 130, OSU Main Campus