



Application for Non-Degree Student Status

DEADLINES: Application must be received 2 weeks prior to the start of classes for the semester which the student wishes to enroll.

2016/2017 APPLICATION ACCEPTANCE DATES/DEADLINES:

Registration for the 2016 Summer semester begins April 18 and ends May 11.

Registration for the 2016 Fall Semester begins June 1 and ends August 23.

Registration for the 2017 Spring Semester begins November 28 and ends January 5.

Please select one of the following:

- I would like to apply for Non-Degree Student Status. I am not a current student within Tufts University.
I am a current student at Tufts University and would like to take a summer course at the Public Health and Professional Degree Programs.

SECTION A

Full Name: Last First Middle

Former Name(s): Last First Middle (if any)

Social Security Number: Date of Birth: Gender:

Mailing Address:

Street City State Zip

Home Telephone Number: Work Telephone Number:

Email:

Are you a US Citizen? Y N If not, of where are you a citizen?

Attention International Students:

You must meet with the Office for International Affairs and be cleared before submitting this application. The office may be reached at 617-636-0355.

Signature of Approval, Office of International Affairs

Date

Attention Tufts Employees: If you intend to use Tuition Remission, please make sure all the necessary forms have been submitted to Human Resources at the same time or prior to submitting this application to the Registrar's Office. You will not be permitted to register for a course until Human Resources has processed your forms.

Please indicate the type of course you wish to take:

- Public Health Semester/Year: Fall (year)
Health Communication Spring (year)
Pain Research, Education and Policy Summer (year)

SECTION B

List prior degrees earned and the awarding institution. Please submit official or unofficial transcripts displaying receipt of degree for each degree listed.

*****Applications for non-degree status will not be considered until transcripts have been received and degree(s) verified.*****

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Dates of Attendance</u>

Briefly describe your interest in our program (or attach a separate sheet of paper):

SECTION C

Please list the course(s) you are interested in taking. Registration will be dependent on seat availability and instructor approval.

Course Number/Title

- 1) _____
- 2) _____

I certify that the information provided on my application form and all related materials is true and correct to the best of my knowledge.

If the applicant is a current Tufts student: I understand that I will need to transfer the Tufts Public Health and Professional Degree Program credits I take to my home school within Tufts University. These courses will appear as transfer credits on the home school’s transcript and will not factor into the cumulative GPA. I also understand that I will be billed for these credits by the Public Health and Professional Degree Program and must pay their tuition rate before classes begin.

Applicant's Signature _____
Date

SECTION D

Please submit application (non-degree applicants and Tufts Students) and transcript (non-degree applicants) to:

Registrar’s Office, Public Health & Professional Degree Programs
136 Harrison Avenue, Suite MV 142, Boston, MA 02111
(P) 617-636-6538 | (F) 617-636-0898 | PHPDRegistrar@tufts.edu