

Tufts University School of Medicine
Public Health & Professional Degree Programs
Student Affairs Office
Transfer Credit Request Form

Please use this form to request permission to transfer graduate credit earned at another institution to a TUSM graduate program. Transfer requests must be submitted with a copy of the course description, reading list and an official transcript. Please refer to the student handbook for a complete description of the transfer credit policy.

Name: _____ Date: _____

Student ID Number: _____ Degree Program: _____

Course Taken

| <i>Date</i> | <i>Institution/Department</i> | <i>Course #/Title</i> | <i>Grade</i> | <i>Credits</i> |
|-------------|-------------------------------|-----------------------|--------------|----------------|
|-------------|-------------------------------|-----------------------|--------------|----------------|

I certify that this course has not been counted toward any degree. _____
Student Signature *Date*

For MPH Transfer Requests

(To be completed by the Concentration Leader responsible for the course content)

_____ Number of **CORE / REQUIRED** Transfer Credits Recommended; Students requesting transfer credits for an MPH CORE requirement must complete an exemption request form and pass an exemption examination.

_____ Number of **ELECTIVE** Transfer Credits Recommended

_____ Transfer Credits Not Approved

Concentration Leader Signature *Date*

Note: 10-12 contact hours are equivalent to 1 credit hour.

For the Action of the Program Director

_____ Number of **CORE** Transfer Credits Approved

_____ Number of **ELECTIVE** Transfer Credits Approved

_____ Transfer Credits Not Approved

Program Director Signature *Date*

Date processed by Student Affairs Office: _____
Copies to: Faculty Advisor, Concentration Leader, Student