

PHPD Transcript Reconciliation for University College/Course at Tufts Enrollments

Name: _____

Student ID: _____

Please complete this form and return it to the PHPD Registrar's Office.

A maximum of two courses (6 credits) taken as a non-degree student in the University College may be counted toward the MPH degree. A grade of B or better is required for a course taken as a non-matriculated student to be counted toward the MPH degree. These credits cannot have been used to earn another degree. This request must be submitted with a copy of the course description and syllabus unless the course has already been approved as equivalent to an MPH or HIA course or for MPH or HIA elective credit, or is a course offered by the MPH program. You can find the lists of approved equivalents and electives at <https://publichealth.tufts.edu/registrar/degree-requirements-electives-and-course-equivalencies>

These courses will be listed on the MPH transcript as transfer credits. The grades attached to these courses will not factor into the overall MPH GPA.

Non-Degree Students who matriculate into the MPH later may transfer 6 additional credits worth of non-Tufts coursework toward the MPH degree following the normal transfer credit policy.

<i>Course Number</i>	<i>Course Title</i>	<i>Grade</i>	<i>Semester Taken</i>

I certify that this course has not been counted toward any degree.

Student Signature

Date

To be completed by the Concentration Leader (MPH) or Academic Director (HIA) if the course is not already approved for MPH or HIA credit as an equivalent to an MPH or HIA course or as an elective for those programs.

___ Number of **CORE / REQUIRED** Credits Recommended; Students requesting transfer credit for a core/required course must also complete and submit an exemption/substitution form and pass an exemption examination (if applicable).

___ Number of **ELECTIVE** Credits Recommended

Concentration Leader (MPH) / Program Director (HIA)

Date

To be completed by the Program Director (MPH/HIA)

___ Number of **CORE / REQUIRED** Credits Approved

___ Number of **ELECTIVE** Transfer Credits Approved

Program Director Signature

Date