

**Tufts University School of Medicine  
Public Health and Professional Degree Programs**

**Consortium Cross Registration for PHPD Students**

In addition to courses offered at the Public Health and Professional Degree Programs, students may take graduate-level courses offered at Tufts University and the Boston Consortium (including Boston University, Brandeis University, or Boston College) on a space available basis during the Fall and Spring semester. The calendar and start dates of courses at other universities and at other schools within Tufts University are frequently different, and *it is the responsibility of the student to obtain this information and adhere to these schedules.*

To cross register in another Tufts school/college students must submit their request through SIS. To cross-register for a Boston Consortium course, students must obtain a [Cross Registration Form](#) from the Office of Student Services, obtain the required signatures (Course Instructor, Advisor, Home Registrar, Host Registrar, and Program Director or Concentration Leader), and return the form to the Registrar. Students may collect a course instructor's signatures via email. The email should be printed and attached to the cross-registration form.

PHPD students may not cross-register in the summer terms.

Students will be held to the drop and withdraw deadlines and rules for PHPD, regardless of the rules and deadlines of the Host Institution.

Grade Types (A-F, S/U, P/F, etc) for a cross-registered course will be determined by the Host Institution's rules. Credit value determination will be determined by the student's home institution.

**Cross Registration Through the Boston Consortium**

Tufts students may cross-register during the **fall** and **spring** semester only at institutions in the Boston Consortium. Students may apply a **maximum** of two full semester consortium courses toward the fulfillment of PHPD degree requirements. It is the responsibility of the students to contact the Registrar of the host institution for details.

Boston College: <http://www.bc.edu/offices/stserv/academic/>

Boston University: <http://www.bu.edu/sph/students/resources/courses-and-academic-resources/registrar-office/cross-registration/>

Brandeis University: <http://www.brandeis.edu/registrar/>

**Cross-Registration Period**

The PHPD registrar will accept cross-registration forms from PHPD students during the online registration period through the add/drop period.

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**BOSTON CONSORTIUM CROSS-REGISTRATION REQUEST FORM**

Cross-registration is available to matriculated students on a limited basis at the institutions listed below for the fall and spring terms only. Approved forms will be accepted in advance of the semester and during the first few weeks of the term according to the schedule of the host institution. Enrollment in any course is subject to prerequisites and attendance policies of the host institution. Students will be held to the drop and withdraw deadlines and rules for PHPD, regardless of the rules and deadlines of the Host Institution.

**This form is for use by PHPD students *only*.** Students from other schools should consult their registrar’s office to obtain the correct form.

*Please provide all information to ensure timely processing of your enrollment request.*

\_\_\_\_\_  
*Last Name*                                 *First*                                 *Middle*   *Student ID #*

**CROSS-REGISTRATION AT: (check one)**

**BOSTON CONSORTIUM**  
 \_\_\_ Boston College                                 \_\_\_ Boston University                                 \_\_\_ Brandeis University

**COURSE INFORMATION**

**Semester/Year:** \_\_\_\_\_ / \_\_\_\_\_                                 **Department:** \_\_\_\_\_

Course and Section Number (provided by Host Registrar) : \_\_\_\_\_

**Title:** \_\_\_\_\_                                 **Instructor’s Name:** \_\_\_\_\_

**Credit Total Awarded by Host Institution:** \_\_\_\_\_                                 **Credit To Be Awarded by Home Institution:** \_\_\_\_\_

Is this *specific* course required by your program?                                 Yes      No

Will this course be substituted for a concentration requirement?     Yes                                  No

If yes, please indicate Tufts course title: \_\_\_\_\_

If not, does this course appear on the list of pre-approved courses for general elective credit?                                 Yes      No

**REQUIRED SIGNATURES**

\_\_\_\_\_  
*Student*   *Date*

\_\_\_\_\_  
*Advisor*   *Date*

\_\_\_\_\_  
*Instructor*   *Date*

\_\_\_\_\_  
*Host Registrar*   *Date*

\_\_\_\_\_  
*Student’s Registrar*   *Date*

\_\_\_\_\_  
*Concentration Leader*   *Date*  
 (Signature indicates approval of general elective or substitution credit being granted for this course.)

Copies to:  
 Host Registrar  
 Student’s Registrar