

**Tufts University School of Medicine  
Public Health & Professional Degree Programs  
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, syllabus 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: \_\_\_\_\_

**1. Course Information:** \_\_\_\_\_  
*Institution* *Course #/Title* *Grade* *Credits*

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

**2. To be completed by the Concentration Leader (MPH) or Academic Director (HIA)**

*Note: 1 credit is equal to 1 contact hour per week for an entire semester*

\_\_\_\_ Number of **CORE / REQUIRED** Transfer 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** Transfer Credits Recommended

\_\_\_\_ Transfer Credits Not Approved

\_\_\_\_\_  
*Concentration Leader (MPH) / Advisor (MS-HCOM) / Academic Program Director (PREP) Signature* *Date*

**3. To be completed by the Program Director (MPH / MS-HCOM / PREP)**

\_\_\_\_ Number of **CORE / REQUIRED** 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*