



Application for Transfer Credit

The student must initiate the application process by providing the information requested. Approved transfer credit will be noted on the transcript following twelve credits of coursework in the School of Public Health with grades of B or better. Please refer to the Transfer Credit policy for the maximum number of credits allowed per degree program. Courses approved for transfer must have been completed within seven years of matriculation with the School of Public Health, with a grade of B or better and taken for graduate credit.

Student: _____ **Student ID#:** _____
Last Name First Name Middle Initial

Degree/Program Concentration Semester/Year Started Student Signature Date

Please consult your faculty advisor first and then complete based on the external course. Use a separate form for each course requested. Please attach a course syllabus (or its equivalent) to this form and send official transcript noting the external course to the School's Office of the Registrar (address noted above).

1. **Institution Where External Course Taken:** _____
Name City, State

2. **Degree Awarded at External Institution:** _____ If applicable

3. **External Course Number and Title:** _____

4. **Semester/Year Course Taken:** _____ **Term Type:** _____
Semester/Tri-Semester/Quarter

of Credits/Units/Hours: _____ **Grade Received:** _____

5. **Equivalent School Course Number and Title:** _____
Applicable for required courses (if transferring in as elective, note "Elective")

6. **If Equivalent School Course, Approved by Rutgers Course Instructor:** _____
Rutgers Course Instructor Signature*

7. Competencies Addressed:

Please list the Rutgers School of Public Health's concentration/core course competencies for your degree that are addressed by the course requested for transfer. Use additional sheets if necessary. (A minimum of one competency must be identified.)

*If you have any difficulty obtaining a signature or disagree with the instructor's decision, contact the department chair/concentration director/leader. If transferred course is a core course equivalent from a CEPH-accredited school or program, it is at the discretion of the department chair/concentration director/leader to waive syllabus review.

Approved Number of Credits for Transfer: _____

Academic Advisor Signature Date

Department Chair/Vice-Chair/Concentration/Program Director/Leader* Signature Date

Associate Dean for Academic Affairs Signature Date

**RETURN TO
OFFICE OF THE
REGISTRAR**

Copies to:
Office of the Registrar
Dept Chair/Vice-Chair/Conc
Program Director/Leader
Academic Advisor
Student