



Office of the Registrar  
 Rutgers, The State University of New Jersey  
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 Piscataway, NJ 08854

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## Application for Transfer Credit

The student must initiate the application process by providing the information requested and return this form to the Office of Student Affairs after appropriate signatures. 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*

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*Degree/Program*
*Concentration*
*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:** \_\_\_\_\_  
*If applicable*
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. If transferred course is a core course equivalent from a CEPH-accredited school or program, the department chair/concentration director may waive syllabus review.

**Approved Number of Credits for Transfer:** \_\_\_\_\_

Academic Advisor (SPH) Signature	Date
Department Chair/Concentration Director* (SPH) Signature	Date
Associate Dean for Academic Affairs (SPH) Signature	Date
Senior Associate Dean (SGS RBHS-New Brunswick/Piscataway) Signature	Date

Copies to:  
 Office of the Registrar-SPH  
 Office of the Registrar-SGS  
 Academic Advisor  
 Dept Chair/Conc Director  
 Student