

Application for Transfer Credit



SCHOOL OF
PUBLIC HEALTH

University of Medicine & Dentistry of New Jersey

The student must initiate the application process by providing the information requested and return this form to the Campus Office after appropriate Course Instructor(s) signature. 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. No more than 12 credits will be accepted toward degree requirements.

Name of Student

Signature

Date

SSN/ID# _____

I. Summary of all previous higher education, based on official transcripts on file in the Office of the Registrar, (Copies attached):

Institutions	Location	Degree	Date of Degree or Date of Attendance
_____	_____	_____	_____
_____	_____	_____	_____

II. Transfer Credits Requested:

School/Title of Course*	Grade	Equivalent SPH Course #	CR. HR.	Approved/Disapproved Course Director
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Please attach a copy of the course syllabus to this form.

Department Chair _____ Date _____

Associate Dean _____ Date _____

Copies to:

- Registrar's Office - White
- SPH Campus Office - Yellow
- Department Chair - Pink
- Student Copy - Goldenrod