

Registrar's Office

715 Albany St, Talbot 210C| Boston, MA 02118 P 617-358-3434 E sphregr@bu.edu

TRANSFER CREDIT/WAIVER REQUEST FORM

Use this form to request transfer credit and/or a waiver for graduate-level coursework taken outside of BUSPH. SPH students may petition to have a maximum of 8 credits transferred to meet degree requirements. Dual degree students are not eligible for transfer credit. Courses cannot have been used or be used towards another degree program. SPH students may also petition to be waived from requirements based on previous coursework. Students must earn a B or better for transfer credit and/or waiver to be granted. Attach the syllabus of the course to this form. BUSPH maintains a list of courses that are pre-approved for MPH elective transfer credit, a list of those courses are on the next page—a syllabus is not necessary for pre-approved courses.

U ID Number		Last Name		First Name	Expected Grad I	Date (MM/YYYY)		
Degree: □ MPH Funct Cert:		2 nd Cert:						
				2 0011				
	□ PhD □ DrPH in	 Program						
Ca #	Course 7	****	la stitution		Compostor Q Voor Toko	· Cuada*		
Course #	Course T	itie	Institution		Semester & Year Take	n Grade*		
*SPH Registrar's Office will verify that the course grade is a B or better after an official transcript is received.								
Request type (select one):								
□ MPH elective transfer credit								
□ Transfer credit—program/certificate (list cert.)								
AND waiver of the following requirement (list course/requirement area):								
□ Waiver of the following requirement (list course/requirement area):								
☐ Transfer credit—program/certificate (list cert.)								
Additional Information:								
☐ This course is pre-approved (see attached list)								
☐ I have spoken with the following advisor about this request								
Justification/Comments:								
□ I acknowledge that I have read and understood the transfer credit/wavier policy. I understand that requests without								
a syllabus will not be reviewed. I understand that I am responsible for sending an official transcript to the SPH								
Registrar's Office. I recognize that to the best of my ability the provided information is true and accurate.								
Student Sign	ature:				Date:			
***For Registrar Use Only ***								
Total Contac	t Hours BUS	PH credits	Reviewer		Date Sent:			
		46 46 46		ماد ماد ماد				
For Faculty Reviewer Use Only □ Course not approved because:								
□ Course not approved because □ Course approved as requested above								
22322 6.[6]		-						
Signature: _					Date:			

Courses Pre-approved for MPH Elective Credit

Course #	Title	Credits	Note					
College of Communications								
COM CM707	Writing for Media Professionals	4	must do PH projects					
COM J0702	Advanced Science Writing	4	must do PH projects					
<u>COM JO703</u>	Magazine Writing	4	must do PH projects					
COM JO519	Narrative Radio	4	must do PH projects					
College of Health and Rehabilitation Sciences: Sargent College								
SAR HS551	Human Nutrition Science	4	must take as graduate student					
<u>SAR HS776</u>	Nutritional Epidemiology	4						
<u>SAR OT713</u>	Developmental Disabilities	2	LEND fellowship					
Division of Graduate Medical Sciences								
GMS BC610	Medical Consequences of Natural and Manmade Disasters	3						
GMS CI640	Regulatory and Compliance Issues	4						
GMS CI675	Designing Clinical Research Studies	4						
GMS MA622	Religion & Public Health	3						
GMS MA700	History and Theory of Medical Anthropology	3						
<u>GMS MI713</u>	Comprehensive Immunology	4						
GMS MS751	Cardiovascular Epidemiology	3						
Graduate School of Arts & Sciences								
GRS SO890	Seminar: Global Health: Politics, Institutions & Ideology	4						
	Metropolitan College							
MET CS581	Electronic Health Records	4						
MET ML720	Food Policy and Food Systems	4						
MET ML721	US Food Policy	4						
Questrom School of Business								
<u>QST HM833</u>	Health Sector Marketing	3						
<u>QST HM840</u>	Health Sector Consulting	3						
QST IM853	Indian Field Seminar	3						
QST OB830	Leading the Mission-Driven Organization	3						
QST OB844	Managing Organizational Change	3						
QST OB848	The Leadership Challenge	3						
QST OM840	Managing and Improving Quality: Six Sigma Belt Certification	3						
School of Social Work								
SSW HB735	Racial Justice and Cultural Oppression	4						
	School of Theology							
STH TR830	Values and Practices in Developing Health Communities (Decent Care)	4						
Tufts University, Friedman School of Nutrition (*would need to cross register)								
NUTR 202*	Principles of Nutrition Science	3						
NUTR 217*	Monitoring & Evaluation for Nutrition & Food Security	3	cannot take this and SPH GH745					
NUTR 228*	Projects Community & PH Nutrition	4	U11/43					
110111 220	Community & FIT Nutrition	4						