UNIVERSITY OF MASSACHUSETTS
School of Public Health and Health Studies
Public Health Practice Program

REQUEST FOR COURSE TRANSFER FORM

Date:

From: _____
Student's Name

Subj: Course Transfer Request

1. Transfer into the PHP program for the following course name and number _____, from the following University_____, which was/will be taken _____ (specify date).

2. I attached a copy of the course syllabus. The course was/is being taught by _____ (name of Professor), at _____ (e-mail), and_____ (phone).

3. The reason for the request is as follows:

   _____

   _____

4. Please e-mail this request to phonline@schoolph.umass.edu and indicate "Request for Course Transfer Form" in the subject line.

A. Departmental Review: () Approved
() Not Approved

Name:_____/Date_____

B. Graduate Program Director Review: () Approved
() Not Approved

Name:_____/Date_____

C. Graduate Registrar review: () Approved
() Not Approved

Name:_____/Date_____