Colorado School of Public Health

Transfer Credit Approval Form

Please return the approved form with course syllabus or course description to the CSPH Student Services Office. Official transcripts are required in order to apply any approved transfer courses towards a student’s degree requirements.

CSPH transfer credit policies include:

- Courses used towards completion of one master’s degree cannot be used towards completion of another master’s degree. Appropriate courses used towards a master’s degree may be used toward a doctoral degree.
- Grades in any transfer courses must be B- or better.
- Institutions from which courses are recommended for transfer must be accredited.
- Student must have satisfactorily completed at least one semester in the Colorado School of Public Health as a degree-seeking student before transfer credits will be formally approved.
- A maximum of 15 semester credit hours are allowed to transfer into Colorado School of Public Health professional, degree-seeking programs. Certificate programs are not eligible for transfer credit.
- Courses must be within 5 years old at the time of degree completion. Courses older than 5 years will need to be reviewed/re-validated in order to apply towards degree requirements.

Student Name:__________________________________________  Student ID #:_____________________

Last                            First                            MI

MPH______  DrPH _____  Home Campus _________Concentration/Area of Focus _________________________

Semester/Year Matriculated _____________  CSPH Sem Hours Completed _________  Cum GPA __________

Transfer Course #1

Transfer Institution: ____________________________  Sem/Year Course Taken: ______________

Course Prefix/Number/Title: ____________________________  # of Sem Credits: _____  Grade: ______

Approve Transfer Course ______  Do Not Approve Transfer Course ______

Approved to Transfer for (Name of CSPH Course): ____________  # of Approved Credits to Transfer In: ______

Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________

____________________________________________________   __________________________
Concentration/Campus Director Signature      Date

____________________________________________________   __________________________
Associate Dean, Academic & Student Affairs      Date
Transfer Course #2

Transfer Institution: _________________________________  Sem/Year Course Taken: _____________

Course Prefix/Number/Title: _________________________________  # of Sem Credits: _____  Grade: ______

Approve Transfer Course  ______  Do Not Approve Transfer Course ______

Approved to Transfer for (Name of CSPH Course): ____________  # of Approved Credits to Transfer In: ______

Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________

____________________________________________________   __________________________
Concentration/Campus Director Signature      Date

____________________________________________________   __________________________
Associate Dean, Academic & Student Affairs      Date

Transfer Course #3

Transfer Institution: _________________________________  Sem/Year Course Taken: _____________

Course Prefix/Number/Title: _________________________________  # of Sem Credits: _____  Grade: ______

Approve Transfer Course  ______  Do Not Approve Transfer Course ______

Approved to Transfer for (Name of CSPH Course): ____________  # of Approved Credits to Transfer In: ______

Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________

____________________________________________________   __________________________
Concentration/Campus Director Signature      Date

____________________________________________________   __________________________
Associate Dean, Academic & Student Affairs      Date
Transfer Course #4

Transfer Institution: _______________________________  Sem/Year Course Taken: _____________

Course Prefix/Number/Title: _______________________________  # of Sem Credits: _____  Grade: ______

Approve Transfer Course _______  Do Not Approve Transfer Course _______

Approved to Transfer for (Name of CSPH Course): ____________  # of Approved Credits to Transfer In: ______

Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________

Concentration/Campus Director Signature  __________________________  Date

Associate Dean, Academic & Student Affairs  __________________________  Date

Transfer Course #5

Transfer Institution: _______________________________  Sem/Year Course Taken: _____________

Course Prefix/Number/Title: _______________________________  # of Sem Credits: _____  Grade: ______

Approve Transfer Course _______  Do Not Approve Transfer Course _______

Approved to Transfer for (Name of CSPH Course): ____________  # of Approved Credits to Transfer In: ______

Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________

Concentration/Campus Director Signature  __________________________  Date

Associate Dean, Academic & Student Affairs  __________________________  Date

CSPH 11/2011