

**NYU**Global Institute
of Public Health

TRANSFER CREDIT FORM**Student's Name:** _____ **ID#:** _____
(Last) (First)**Degree program:** ☐ Undergraduate ☐ Master's ☐ Doctoral**If master's, please indicate your concentration:**☐ Community & International Health ☐ Global Health Leadership ☐ Public Health Nutrition**Matriculation Date:** _____ (year) **Date of Request:** _____

Permission to transfer credit from an institution outside of New York University must be obtained from the Office of the NYU Global Institute of Public Health. Transfer credit may be accepted only from accredited colleges and universities. For graduate students, course work must have been graduate-level, completed within the last 5 years with a grade of B or better and may not have been counted toward another degree. A maximum of 9 credits can be transferred into the program. All requests for transfer of credit must be accompanied by the official transcript showing evidence of the grade and credit received, as well as the syllabus for the course to be transferred. Decisions regarding transfer of credit will not be made prior to official matriculation into the program. Note: Transfer credit cannot be applied toward the Integrative Seminar, Internship or Capstone.

Course #	Title	Institution	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total credits: _____

Program signature approving _____ credits of transfer listed above:

Signature_____
Date

Original: Registrar
Copy: Student
Student File