



RICHARD M. FAIRBANKS

SCHOOL OF PUBLIC HEALTH

Request for Course Transfer

Please download this form to electronically fill out.

A student admitted to the IU Fairbanks School of Public Health (FSPH) may request to have courses evaluated for transfer from another accredited university or program if they earned a grade of "B" or better in the courses. The FSPH course instructor and faculty will review requests for transfer after a student has been admitted to the FSPH. Transfer requests will be evaluated on a case-by-case basis.

Please complete this form and attach documentation for each course to be evaluated for transfer. Documentation should include the syllabus and other materials (papers, projects, exams) that demonstrate completion of course objectives. The syllabus must list the name of university/college, course number and course title. The course and grade earned must also appear on your official transcript.

PART I: COMPLETED BY THE STUDENT

Program: MHA MPH MS PhD

For MPH and PhD, Indicate Concentration _____

Student's Name: _____ Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Student ID: _____

Number and Title of Completed Course: _____

University Where Course Was Completed: _____

Number and Title of FSPH Equivalent Course for Which You Are Requesting Credit (*i.e. PBHL E517 Fundamentals of Epidemiology*)

Signature

Date

It is preferred that course documents be emailed to Shawne Mathis at snmathis@iu.edu. If you need to submit the documents via U.S. mail, please send them to:

IU Richard M. Fairbanks School of Public Health
Department of Student Services
1050 Wishard Blvd RG 6006
Indianapolis, IN 46202

PART II: COMPLETED BY THE FAIRBANKS SCHOOL OF PUBLIC HEALTH (FSPH)

Date received by FSPH: _____

Course Instructor Assessment: Transfer approved Transfer denied

Reason for Denying Transfer:

FSPH Course Instructor Signature

Date

FSPH Program Director or Associate Dean of Education Signature

Date

Student informed by: E-mail Letter Date: _____