

Transfer Credit Approval Form

Please return the approved form with course syllabus or course description to the Colorado SPH Office of Academic Affairs. Official transcripts are required in order to apply any approved transfer courses towards a student's degree requirements.

Colorado SPH 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 _____ Colorado SPH Credits Earned _____ 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 Colorado SPH Course): _____

of Approved Credits to Transfer In: _____

Comments:

Concentration/Campus Director Signature

Date

Associate Dean for Academic Affairs Signature

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 Colorado SPH Course): _____

of Approved Credits to Transfer In: _____

Comments:

Concentration/Campus Director Signature

Date

Associate Dean for Academic Affairs Signature

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 Colorado SPH Course): _____

of Approved Credits to Transfer In: _____

Comments:

Concentration/Campus Director Signature

Date

Associate Dean for Academic Affairs Signature

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 Colorado SPH Course): _____

of Approved Credits to Transfer In: _____

Comments:

Concentration/Campus Director Signature

Date

Associate Dean for Academic Affairs Signature

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 Colorado SPH Course): _____

of Approved Credits to Transfer In: _____

Comments:

Concentration/Campus Director Signature

Date

Associate Dean for Academic Affairs Signature

Date

Please return form to:
Office of Academic Affairs
Mail Stop B119
Building 500
13001 East 17th Place, Room E3300
Aurora, CO 80045
Email: CSPH.AcademicAffairs@ucdenver.edu
Phone: 303-724-8877