

NON-DEGREE CREDIT TRANSFER FORM

This form is to transfer credits completed as a Harvard Chan non-degree student into a Harvard Chan degree program, if matriculation in the degree program is within 5 years of course completion.

Last Name: _____ First Name: _____
Harvard ID: _____ Advisor: _____
Degree (select one): SM1 SM1 (Summer-Only) SM2 SM60 SD
DrPH MPH (45) MPH (65) MPH (Summer-Only) Other: _____

If a Harvard Chan non-degree student applies for and is granted admission into a master's degree program, up to 20 credits of completed coursework **may** be applied to academic degree requirements, if the courses taken were within the preceding five years of matriculating in a degree program. If the tuition was paid in full for these non-degree credits, they **may** be applied toward financial degree requirements as well. To determine how this may apply to your degree program please visit the [Non-Degree Transfer Credits](#) page of our website. Note that upon entering the degree program, students will be billed at the corresponding flat tuition rate for the year for the remaining semesters necessary to complete program requirements. Therefore, prior coursework completed will be a financial benefit to the extent that it shortens the time necessary to complete degree requirements. Students should carefully consider enrollment options (i.e. full-time, part-time, summer enrollment) for completing the degree when transferring in prior credits, as this may not guarantee a lower total cost of the degree.

Course(s) to transfer:

- Course Number: _____ Term Completed: _____
- Course Number: _____ Term Completed: _____
- Course Number: _____ Term Completed: _____
- Course Number: _____ Term Completed: _____

I have read and understand the above policy on transfer of non-degree credits.

REQUIRED SIGNATURES: after completing all signatures, submit to the Registrar's Office by uploading the form in my.harvard.

Student's Signature: _____ Date: ____/____/____

Advisor's Approval: _____ Date: ____/____/____

Dept. Chair/Program Head Approval: _____ Date: ____/____/____

REGISTRAR OFFICE USE ONLY

- The above request was approved
 - The above request was not approved for the following reason(s): _____
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Comments: _____

CAD Subcommittee Signature: _____ Date: ____/____/____