



FORM to request authorization to take courses outside DPHS towards MPH or MSPH degree

INSTRUCTIONS:

Pre-Requisites

- ☐ One (1) Request Form shall be completed for each course requested.
- ☐ Only graduate level course (600 or above) will be considered.
- ☐ Courses approved to be taken outside DPHS can only count towards electives in your program.
- ☐ MPH or MSPH Core courses shall NOT be transferred from outside institutions—*Exceptions may apply under special circumstances, with proper justification and with prior authorization.*
- ☐ The completed Request Form signed by faculty advisor, must be accompanied by a course description AND the course syllabus to be considered.
- ☐ Submission of this Request Form packet must be completed **3 weeks prior to class start date.**
- ☐ Students admitted in Academic Year 2020-2021 and onwards may have restrictions on transferring credits taken outside the University of Miami.
- ☐ Courses offered at UM in another department require the same authorization process. Student must obtain written permission from the course instructor to allow enrollment in the course.

INSTRUCTIONS – PRIOR to taking the course

1. Discuss prospective course with your faculty advisor to determine public health relevance, professional fit and no overlap with courses offered or taken at DPHS. If approved, advisor must sign the Request Form.
2. Submit the completed Request Form packet to DPHS at least 3 weeks prior to the course start date.
 - ☐ Completed Request Form (page 2) including signatures from student and faculty advisor.
 - ☐ Course description
 - ☐ Course syllabus
 - ☐ Written permission from course instructor (email will suffice)
3. Submit all documents to DPHS Director of Academic Affairs: **Rosa Verdeja**: rverdeja@med.miami.edu.
IMPORTANT: Request will not be considered without advisor's approval signature.
4. DPHS will respond in writing within 2 weeks of receiving the request with a final determination.
5. Once authorization is granted by DPHS, student may take the course.

INSTRUCTIONS – AFTER authorized course is completed

1. Courses taken within UM – course will appear in Canelink and grade will count towards degree GPA.
2. Courses taken outside UM – Student must petition the transfer of credits from outside institution to UM following these guidelines:

Grade	Student must obtain a grade of B or higher on the course (<i>"B minus" will not count</i>)
GPA	Outside transferred credits will NOT be calculated into the University of Miami GPA
Official Transcript	Student must provide official transcript (electronic or paper) within 30 days of completion to DPHS Enrollment Management Services, Carlen Duncombe CDuncombe@med.miami.edu or 1120 NW 14 th St, Miami FL 33136, DSCRC # 928
Petition for Transfer	Student must submit the electronic " Petition for Transfer of Credit " Dynamic Form to Graduate School : Enter name of Dr. David Lee's as Director of Graduate Program
Canelink	Student is responsible to verify that the credits transferred are reflect in Canelink. (Posting may take up to 1 month from submission)



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REQUEST FORM

Student name		C-number	Program track
			<input type="checkbox"/> MPH <input type="checkbox"/> MSPH
Select ONE:	<input type="checkbox"/> Course is outside DPHS but <u>within</u> the University of Miami — <i>max # of credits allowed: 9</i> <input type="checkbox"/> Course is from an institution <u>outside</u> University of Miami — <i>max # of credits allowed to transfer: 9</i>		
Dept/Course#	Course Name	Credits	
Name of Institution		Term/Year of course	
JUSTIFICATION: <i>(Student: Select all that apply)</i>			
<input type="checkbox"/> Course offered online <input type="checkbox"/> Course not offered during desired term at DPHS <input type="checkbox"/> Course content not offered at DPHS <input type="checkbox"/> Scheduling conflict (work, other courses) <input type="checkbox"/> Financial reasons <input type="checkbox"/> Other (specify)			
Student Signature		Date of request	

DETERMINATION – To be completed by :

1. Faculty Advisor

☐ Approved

☐ Denied *Faculty Advisor Name* *Signature* *Date*

2. Director of Academic Affairs

☐ Approved

☐ Denied *Director's Name* *Signature* *Date*

3. Director of Public Health Education/Designee

☐ Approved

☐ Denied *Director's Name* *Signature* *Date*



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For DPHS Use Only:

REASON FOR APPROVAL (*check all that apply*):

- ☐ Course is in the pre-approved list of FIU
- ☐ Course meets MPH or MSPH program competencies
- ☐ Credits do not exceed maximum allowable to transfer
- ☐ Course is a Core, but DPHS is making an exception: (*Explain*) _____

- ☐ Other: _____

REASON FOR DENIAL (*check all that apply*):

- ☐ Course is not a graduate level course
- ☐ Course does not meet MPH or MSPH program competencies
- ☐ Course is a CORE course and DPHS is not making an exemption
- ☐ Course was already completed as part of the program
- ☐ Requested course was taken more than 6 years ago from date of admission into program
- ☐ Requested course was used to earn a previous degree
- ☐ Student is on academic probation and requires further authorization
- ☐ The sum of transferred credit requested + DPHS enrolled credits exceeds allowable for semester
- ☐ Prior authorization request form was not submitted
- ☐ Student has exceeded the maximum credits allowed for outside institution
- ☐ Other: _____

Director of Accreditation (Print)

Signature

Date

Dir. Public Health Education or Designee (Print)

Signature

Date