COMMUNITY HEALTH PROGRAM PETITION

Use this form for non-Tufts courses not already approved, or courses for the Inquiry/Evidence cluster.

Name ___________________________________________________________ Date ________________________________

Year of Graduation _______________ Email address ______________________________________________________

Course Title: _________________________ CHP Cluster (if appropriate): _______________________

Due to its multidisciplinary nature, the Community Health Program (CHP) has a strong commitment to encourage students to learn about health and health care from a variety of disciplinary perspectives. CHP students are required to take both core and elective courses (see CH Requirements). All courses must be approved CH courses. Courses from other institutions will be approved only if the substitution enhances a student’s program of study in Community Health, and if the course contains significant health content.

Courses taken at other institutions must first be approved for Tufts University via the Transfer of Credit process. The course will then appear on your transcript with a CH number, however, you must still complete this petition to request that the course be considered for the major. Courses which have already been approved from previous petitions do not need to be reconsidered.

How to petition: Complete this Petition form. Attach a copy of the course syllabus (including reading list and assignments), and, if you have already taken the course, the written work you have done for the course (exams and/or papers depending on the nature of the petition). Submit these materials to your CHP advisor, who will make a recommendation and send the petition on to the CHP Director for final consideration.

When to petition: If possible, it is best to petition for a course substitution before you take the course, although petitions involving a course already taken will be considered. In these latter cases, it is best to petition as soon as possible after taking the course. Complete the Transfer of Credit process first.

Questions:
1. At what institution did you take the course?

2. What course do you propose to substitute for approved CHP credit? Is there an associated CHP cluster requirement that you propose for this course?

3. Explain the rationale for your petition. What sound academic reason do you have for wanting an exception to the CHP requirements?

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CHP Advisor Recommendation:

Advisor Signature/Date: ________________________________________________________________

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CHP Director Decision:

Director Signature/Date: ________________________________________________________________