



Specialization Approval Request Form

Please complete the information below and obtain approval from your Academic Advisor and your Program Director.

Email the completed form to Alexis Smith at alexis.smith@tufts.edu so your fulfillment of this degree requirement may be officially added to your SIS academic record/transcript and the form can be added to your student file folder.

Important to Note: A Specialization must consist of a **minimum of nine semester hour units (SHUs) of coursework**. Additionally, only three of the SHUs may be a required course and only three of the SHUs may be a Directed Study course. Courses taken outside of the Friedman School, including approved transferred courses, may be used for the Specialization.

Name: _____ **Student ID#:** _____

Degree Program: _____

(Indicate above if you are a MS or PhD student in the AF&E, BMN, FANPP, NEDS, or NICBC degree program.)

Proposed Specialization Title: _____

| Course (e.g., NUTR 0217) | Course Title | SHUs | Semester/Year |
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Academic Advisor Approval **Date:** _____

Division Chair Approval **Date:** _____