

**ELIOT PEARSON DEPARTMENT OF CHILD STUDY  
and HUMAN DEVELOPMENT**

105 College Avenue, Medford, Massachusetts | Ph:(617) 627-3355 | Fax:(617) 627-3503

**PRELIMINARY REVIEW COURSE APPROVAL FORM**

Date: \_\_\_\_\_

Student: \_\_\_\_\_ Tufts ID #: \_\_\_\_\_

Primary Advisor: \_\_\_\_\_ Secondary Advisor: \_\_\_\_\_

The above-named student has passed the Preliminary Review and the following courses taken prior to matriculation into the doctoral program have been approved as counting toward their Ph.D. in Applied Child Development. NOTE: A maximum of 8 (eight) courses can be counted and the specific courses approved must be relevant to the student's individual plan of study.

<b>Course No.</b>	<b>Course Title</b>	<b>Institution</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Advisor Date: \_\_\_\_\_

\_\_\_\_\_  
Director of Graduate Studies Date: \_\_\_\_\_

*Please submit to the Director of Graduate Studies, who will sign it and forward to Justina Clayton, Graduate Admissions Coordinator.*