

# THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

## LEVEL CHANGE REQUEST

Health Sciences Dean's Office

This form is used to request a change to the level of a course. This is generally necessary in order to apply (1) courses taken as a non-degree-seeking student toward a degree program and (2) master's level courses taken as part of the BSHS portion of a dual-degree program toward the MSHS.

Student Name: \_\_\_\_\_ GWID: \_\_\_\_\_

GW Email: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

Phone: \_\_\_\_\_ Major: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For FROM/TO levels, select: 00 (non-degree), 01 (undergraduate), 02 (graduate).*

| Semester Taken | CRN   | Dept. Abbr. | Course Number | Section | Credit Hours | Grade | FROM level (select 1)                    | TO level (select 1)                      | Semester Effective |
|----------------|-------|-------------|---------------|---------|--------------|-------|--|--|--------------------|
| 201801         | 12345 | HSCI        | 2222          | DE      | 3            | B+    | 00 <input checked="" type="checkbox"/> X | 01 <input checked="" type="checkbox"/> X | 201803             |
|                |       |             |               |         |              |       | 00 <input type="checkbox"/>              | 00 <input type="checkbox"/>              |                    |
|                |       |             |               |         |              |       | 01 <input type="checkbox"/>              | 01 <input type="checkbox"/>              |                    |
|                |       |             |               |         |              |       | 02 <input type="checkbox"/>              | 02 <input type="checkbox"/>              |                    |
|                |       |             |               |         |              |       | 00 <input type="checkbox"/>              | 00 <input type="checkbox"/>              |                    |
|                |       |             |               |         |              |       | 01 <input type="checkbox"/>              | 01 <input type="checkbox"/>              |                    |
|                |       |             |               |         |              |       | 02 <input type="checkbox"/>              | 02 <input type="checkbox"/>              |                    |

Comments: \_\_\_\_\_

**This Section to be Completed by the PROGRAM**

Advisor/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Section to be Completed by the Health Sciences DEAN'S OFFICE**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_