

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: _____