University of Idaho

COURSE LEVEL ADJUSTMENT

Office of the Registrar
875 Perimeter Dr MS 4260
Moscow, ID 83844-4260
Phone: (208) 885-6731
Fax: (208) 885-9061
www.uidaho.edu/registrar

Name _____ ID _____

Requests a level adjustment on their transcript for the following classes:

Semester Taken	Subject (Abbrv)	Course Number	Title	Credits	Record on which Transcript *(check all that apply)*
					❑ Undergrad ❑ Graduate ❑ Law
					❑ Undergrad ❑ Graduate ❑ Law
					❑ Undergrad ❑ Graduate ❑ Law
					❑ Undergrad ❑ Graduate ❑ Law
					❑ Undergrad ❑ Graduate ❑ Law
					❑ Undergrad ❑ Graduate ❑ Law
					❑ Undergrad ❑ Graduate ❑ Law

Regulations applicable to the use of and deadlines for requesting adjustment of credits are found in the General Catalog Part 4, College of Graduate Studies. Additional fees may be assessed for moving classes.

Student Signature _____ Date _____

Student must obtain approval, by signatures, from the department or college of the original transcript level and the requested transcript level:

Classes currently on my **Undergraduate** transcript	Student's Major Department Signature	Move/Also Use on **Graduate** Transcript	College of Graduate Studies Signature
Classes currently on my **Graduate** transcript	College of Graduate Studies Signature	Move/Also Use on **Undergraduate** transcript	Student's Major Department Signature
Classes currently on my **Graduate** transcript	College of Graduate Studies Signature	Move/Also Use on **Law** transcript	College of Law Signature
Classes currently on my **Law** transcript	College of Law Signature	Move/Also Use on **Graduate** transcript	College of Graduate Studies Signature
Classes currently on my **Non-Degree** transcript	*NO SIGNATURE REQUIRED*	Move to **Graduate** transcript	College of Graduate Studies Signature

Registrar Approval _____ Date _____