University of Idah	0
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Office of the Registrar Phone: (208) 885-6731 Fax: (208) 885-9061 registrarforms@uidaho.edu

Application Fee Receipt VB06

This request will only be processed after the \$35 fee (see below for additional credit fees) is paid to Student Accounts

Vertical Credit Application

Courses that are vertically-related are listed in the General Catalog at the beginning of each subject's course descriptions; **please confirm approved vertical courses before applying**.

Name		ID	
Higher approved vertical co	urse completed with (C or better grade:	Subject & Course Number
Semester completed:	I 🗆 spring 🗖 summ	ner Year:	
Requesting to receive full ci	redit in the following v	ertically-related lo	ower courses:
Subject, Course Number, Title			Credits
Subject, Course Number, Title			Credits
Subject, Course Number, Title			Credits
Subject, Course Number, Title			Credits
 My signature below verifies that I a account will be charged the \$75 pe once credit is awarded. 			
Student's Signature			Date
Sudent's Signature			
Registrar Use Recorded by	Date		Rev 05/18/20