Colby Registrar’s Office

Application for Change of Class Year

Name ___________________________ ID # _______ Email __________________

Major(s) ________________________ Advisor(s) ____________________________

Entered Colby in Semester ___ Fall ___ Spring of Year _______
(seven full-time semesters required)

Current Class Year (as recorded by Registrar): ___ Jan ___ May, Year ______

Requesting change of Class Year to: ___ Jan ___ May, Year ______

Reason for request:

Date ___________ Signature of Student ________________________________

Signature of Advisor(s) approving request ______________________________

For Registrar’s office use: Recorded on ____________ by ________________

Rev. 3/13