Colby Registrar’s Office  

Application for Transfer of Credit

E-MAIL ______________________ NAME ________________________________

ID ______ CLASS _____ MAJOR(s), MINOR(s) ______________________________

Note: For semesters abroad or other programs administered by Off-Campus Study, contact that office (offcamp@colby.edu). For foreign study, use this form for Jan Plan and summer courses only.

1. Requirements for transfer of credit:
   a) Credits must be earned at an accredited, degree-granting institution.
   b) Online courses are not accepted.
   c) Approval (on this form) for each course, which must be obtained before taking course(s).
      Course must be approved by chair of Colby department offering same or similar course, and academic advisor. Course description(s) from college catalogue are required.
   d) Final grade of C or higher (courses to be transferred may not be taken P/F or S/U).
   e) An official transcript sent to Colby Registrar’s Office by the institution.

2. Application of transferred credit:
   a) If a full semester is to be transferred from an institution on a course system, Colby will accept 16 credits per semester (1/8 of Colby’s graduation requirement.)
   b) If the other school is on the quarter system, Colby will accept transfer credits equal to quarter credits times two-thirds.
   c) Credits earned at summer school will not constitute a semester to apply toward the full-time semesters required for the Colby degree.
   d) Transfer credits do not affect Colby GPA, rank in class, etc.
   e) At least 3 semester credits (5 quarter cr.) required for a course to fulfill a distribution requirement.

3. Financial aid is not transportable to all programs; direct questions to Student Financial Services.

4. Once completed, return this form to the Office of the Registrar (registrar@colby.edu)

I have read the above and accept the stated responsibilities and limitations.

Signature of student __________________________ Date ______________________

College to be attended ______________________________ Date ______________

Summer, 201___  January, 201___  Fall ___ Winter ___ Spring ___,  201___-201___

Granting institution course information:

1. Course: Number and Title_______________________________________________________
   Credits: How many? _____  What kind?  semester _____  quarter ______

To be completed by Colby department chair and academic advisor:

Colby equivalent (if any):_________________________________________________________

Counts toward: ____ major  ____ minor  ____ distribution requirement  ____ lab

Chair Approval: __________________________ Dept. __________________ Date __________

Advisor Approval: __________________________ Date __________

(over)
Granting institution course information:

2. Course: Number and Title _____________________________________________________
   Credits: How many? _____ What kind? semester _____ quarter _____

To be completed by Colby department chair and academic advisor:

   Colby equivalent (if any):_____________________________________________________
   Counts toward: _____ major _____ minor _____ distribution requirement _____ lab
   Chair Approval: __________________________ Dept. ________________ Date __________
   Advisor Approval: __________________________ Date __________

Granting institution course information:

3. Course: Number and Title _____________________________________________________
   Credits: How many? _____ What kind? semester _____ quarter _____

To be completed by Colby department chair and academic advisor:

   Colby equivalent (if any):_____________________________________________________
   Counts toward: _____ major _____ minor _____ distribution requirement _____ lab
   Chair Approval: __________________________ Dept. ________________ Date __________
   Advisor Approval: __________________________ Date __________

Granting institution course information:

4. Course: Number and Title _____________________________________________________
   Credits: How many? _____ What kind? semester _____ quarter _____

To be completed by Colby department chair and academic advisor:

   Colby equivalent (if any):_____________________________________________________
   Counts toward: _____ major _____ minor _____ distribution requirement _____ lab
   Chair Approval: __________________________ Dept. ________________ Date __________
   Advisor Approval: __________________________ Date __________

RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR

Date of receipt in Registrar's Office __________________________
Rev. 10/2012