

Colby College Office of the Registrar
Change of Course Credit Value

Name _____ Class Yr. _____ ID # _____

Course Number _____ Section _____

From _____ credits To _____ credits

Student Signature

Date

Instructor- Please Print

Instructor Signature

Date

Not valid without signatures

Refer to "Critical Dates and Deadlines" for specific dates, or for more information regarding
increasing/decreasing credit

Rev. 8/19