

Colby College Office of the Registrar
Satisfactory/Unsatisfactory Revocation

Name _____ Class Yr _____ ID # _____

I hereby revoke the Satisfactory/Unsatisfactory declaration made earlier in:

Course Number _____

Semester FA ___ JP ___ SP ___ Academic Year _____

Student Signature _____

_____ Date

Approval of Advisor(s): _____
Advisor Signature Advisor Print Date

Approval of Advisor(s): _____
Advisor Signature Advisor Print Date

Rev. 8/19

(Not valid without signatures)