

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 generally not accepted. However, temporary exceptions are in place for the Class of 2022, 2023, 2024, 2025, and 2026.
 - 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.
 - f) With approval, domestic transfer credits will be awarded at the same credit value as noted on the granting institution's transcript, e.g., three transfer credits=three Colby credits.
 - g) The maximum number of credits that can be earned for a January course is three.
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 _____

Summer, 202__ January, 202__ Fall __ Winter __ Spring __, 202__ - 202__

Granting institution course information:

1. Course: Number and Title _____

Credits: How many? _____ What kind? semester _____ quarter _____

Course taught in person? Hybrid? Fully remote? **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 _____

Course taught in person? Hybrid? Fully remote?

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 _____

Course taught in person? Hybrid? Fully remote?

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. 3/2023