Admissions, Registration and Records
Campus Box 201
P.O. Box 173363
Denver, CO 80217-3363
Tel 303.556.2420
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South Classroom 133

COMMUNITY COLLEGE OF DENVER

COURSE CREDIT EXCHANGE FORM

Name _____ S ___ – ___ – ____
Student ID Number

Address _____
Street Apt. #

_____
City State Zip

Phone ( ) _____ – _____ E-mail _____

Students requesting for a schedule adjustment due to extenuating circumstances may apply for a Course Credit Exchange.

❑ Spring ❑ Summer ❑ Fall Year_____ Today's Date_____

DROP	Course ID Prefix - Number - Section	Credits	Census Date	
ADD	Course ID Prefix - Number - Section	Credits	Census Date	INSTRUCTOR'S SIGNATURE

EXPLANATION OF EXCHANGE (REQUIRED)

_____
_____
_____

POLICIES

- The course exchanged must be in the same semester and must be exchanged by the census date of the course. If the added hours exceed the dropped hours, the student must pay for the increase in credit hours. There will be no cash refund or any financial credit.
- Incomplete Course Credit Exchange forms will not be accepted. An added course must have the signature of the instructor and the Dean from the center in which the student is adding the course.
- The Course Credit Exchange is not valid for MSCD/UCD students, these students must work with their home institution to adjust their schedule.
- VP of Learning or Executive VP or Enrollment Services Signature is required after census date.
- Submit the Course Credit Exchange forms internally, forms will not be accepted from students.

This form must be completed with all signatures: student, instructor, and center dean.

_____ _____
Student Signature Date

_____ _____
Dean Signature Date

_____ _____
VP of Learning or Executive VP or Enrollment Services Signature (*required after census date*) Date

Office Use Only
Approved
❑ Yes ❑ No
Approved by: _____
Date of Action _____

white Enrollment Services ***pink*** Student ***gold*** Department
revised: 6/08 expires: 6/09