



Great Basin College STUDENT SUBSTITUTION/WAIVER FORM

Please send completed and signed forms to curriculum@gbcnv.edu

Date: _____

Academic Advisor Name: _____ Dept: _____

Student Name: _____ ID# _____

Major/Degree: Bachelor Associate Certificate Catalog Year: _____

Major _____ Emphasis/Endorsement _____

GBC Course/Requirement: _____ Number of Credits: _____

Waive AND/OR Substitute _____ Number of Credits: _____

GBC Course/Requirement: _____ Number of Credits: _____

Waive AND/OR Substitute _____ Number of Credits: _____

GBC Course/Requirement: _____ Number of Credits: _____

Waive AND/OR Substitute _____ Number of Credits: _____

GBC Course/Requirement: _____ Number of Credits: _____

Waive AND/OR Substitute _____ Number of Credits: _____

Academic Advisor Signature: _____ Date: _____

Program Mentor Signature (if required): _____ Date: _____

General Education Committee Chair (if required): _____ Date: _____

(Substituting a course that has not been previously approved for General Education credit requires the signature of the General Education Committee Chair. Exceptions to this requirement occur when a student has previously received an A.A., A.S., or bachelor's degree, or when a transfer course was designated as General Education at the institution at which it was taken.)

Curriculum Management Signature: _____ Date: _____

FOR ADMISSIONS AND RECORDS USE ONLY:

RG _____ RQ _____ LN _____ Override#/Initial/Date entered into PS _____

RG _____ RQ _____ LN _____ Override#/Initial/Date entered into PS _____

RG _____ RQ _____ LN _____ Override#/Initial/Date entered into PS _____

RG _____ RQ _____ LN _____ Override#/Initial/Date entered into PS _____