



Great Basin College

Admissions & Records Office

Prerequisite Override Request & Enrollment Form

All fields must be completed. One class per form

Print Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ GBC Student ID: \_\_\_\_\_

I would like to be allowed to register for: Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Class Number <i>(12345)</i>	Department <i>(ENG)</i>	Course Number <i>(101)</i>	Section Number <i>(1001)</i>
<i>LAB ONLY</i>	<i>LAB ONLY</i>	<i>LAB ONLY</i>	<i>LAB ONLY</i>

Please attach documentation (*official transcript*) or written explanation below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

*Upon completion of the above section, please forward to the full time faculty instructor or department chair.*

**The section below is to be completed by school officials only**

Choose one: Request approved Request denied

If request is denied please provide an explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Full-time Faculty/Department Chair:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Full-time Faculty/Department Chair, please email form to [admissions@qbcnv.edu](mailto:admissions@qbcnv.edu) or hand deliver to admissions office or your local center.*