



**AUDIT/CREDIT CHANGE FORM**  
Great Basin College – Admissions and Records Office  
1500 College Parkway Elko NV 89801

Phone: 775-753-2102 Fax: 775-753-2311 Email: mygbc@gbcnv.edu

*The following student has my permission to change his/her enrollment in*

*my course from \_\_\_\_\_ to \_\_\_\_\_*

Name: \_\_\_\_\_ DOB \_\_\_\_\_

GBC ID: \_\_\_\_\_

Semester:  Spring  Summer  Fall Year \_\_\_\_\_

Course: \_\_\_\_\_ Section \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_