



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 or hand deliver to admissions office or your local center.