



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

Phone: 775-327-2059 Fax: 775-753-2311 Email: admissions@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 _____