



## AUDIT/CREDIT CHANGE FORM

Great Basin College – Admissions and Records Office  
1500 College Parkway Elko NV 89801  
775-753-2102 Fax 775-753-2311

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

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

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

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

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

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

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

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