

Great Basin College

STUDENT SUBSTITUTION/WAIVER FORM

Please send completed and signed forms to Assistant registrar via secure share.

Date:						
Academic Advisor Name:				Dept:		
Student Name:					NSHE ID#:	
Major:	Bachelor	· А	ssociates	Certificate	Catalog Year:	
Declared Major	:			(St	udent must be declared this major)	
	nt:				# of credits:	
Maivo			, ,	•	quirement, Scientific Reasoning, etc.)	
Waive					# of credits:	
Office use only	RG	_ RQ	LN	Override #	Date & Initials	
GBC Requireme	nt·				# of credits:	
abe nequireme	(GBC Require	ment exam	ple: English Re	equirement, Math Rec	quirement, Scientific Reasoning, etc.)	
Waive	Substitute _				# of credits:	
Office use only	RG	RQ	LN	Override #	Date & Initials	
GBC Requireme			nalor Facilish D	aguiramant Math Ros	# of credits: quirement, Scientific Reasoning, etc.)	
Waive			-		# of credits:	
Office use only	RG	_ RQ	LN	Override #	Date & Initials	
GBC Requireme	nt:				# of credits:	
			ple: English Re	equirement, Math Rec	quirement, Scientific Reasoning, etc.)	
Waive	Substitute _				# of credits:	
Office use only	RG	_RQ	LN	Override #	Date & Initials	
Academic Advisor Signature:					Date:	
Program Advisor/Director Signature (if required): Academic Advisor must receive program advisor/director signature before submitting program received.					Date: am requirement subs or waivers.	
General Education Committee Chair Signature:					Date:	
Required for all Gener exception is if a stude	ral Education subs nt has a previous	s or waiver. ly received a	Department app n AA, AS, BA or B	roval is required before s SS degree, or when a tran	sending to General Education Committee for approval. The on asfer course was designated a General Education at the r why the substitution is appropriate.	
Curriculum Manager Signature (if required):					Date:	