



Great Bay
Community College

Portsmouth Campus
320 Corporate Drive, Portsmouth, NH 03801
Phone: (603) 427-7610 | Fax: (603) 337-6308

Rochester Campus
5 Milton Rd, Unit 32, Rochester, NH 03867
Phone: (603) 427-7700 | Fax: (603) 330-3001

Request to Change/Defer Admissions Application

Please Print—Complete all information requested below

First: _____ **Last:** _____ **Middle Initial:** _____

Student ID Number: _____ **Date of Birth:** _____

Semester & Year Applied for: _____

Program of Study Applied for: _____

Desired Semester & Year Start: _____

*You may only defer your application to the semester prior to, or the semester following your original application term. Exception: Applications for the Spring semester may be deferred to the following Summer or Fall semester.

Desired Program of Study: _____

*Applications for Automotive, Massage Therapy, Medical Office Administration, Motorcycle, Nursing, Surgical Technology, Veterinary Technology and Welding cannot be deferred to the Spring or Summer semesters; Fall semester admission only.

**Admitted students cannot change their program into the following selective programs: Automotive, Motorcycle, Nursing, Surgical Technology, Veterinary Technology or Welding.

*** Admitted students can change into the following criteria programs with the understanding that additional admissions requirements may need to be met: Advance Composite Manufacturing, Biotechnology Certificates, Computer Numeric Control, Digital Design & Animation, Linux, Medical Office Administration, Nondestructive Testing, Programming, Software Development, Veterinary Practice Management.

By my signature below, I understand that:

1. The appropriate college officials will review this request for possible approval.
2. Courses previously taken at GBCC may not transfer to my program.
3. Courses previously transferred to GBCC may not transfer to my program.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY:	Received by: _____	Date: _____
ADMISSIONS:	Processed by: _____	Date: _____ Effective Term: _____
REGISTRAR:	Curricula Catalog Term: _____	Transfer Credit Review: NO YES - Review Date: _____
	Academic Standing Reviewed by: _____	Date: _____ Effective Term: _____