



Great Bay
Community College

320 Corporate Drive
Portsmouth, NH 03801
Phone: (603) 427-7610
FAX: (603) 334-6308

Request to Change/Defer Admission 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: _____

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 Nursing, Surgical Technology, Veterinary Technology, and Welding cannot be deferred to the Spring or Summer semesters; Fall semester admission only.

**Massage Therapy Certificate applications cannot be deferred to the Summer semester; Spring/Fall admission only.

***Admitted students cannot change Program of Study to Nursing, Veterinary Technology, Veterinary Practice Management, Surgical Technology, Advance Composite Manufacturing, Aviation Technology, or Welding.

By my signature below, I understand that:

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

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

OFFICE USE ONLY:

Received by: _____ Date: _____

ADMISSIONS OFFICE USE ONLY:

SAAADMS Processed By: _____ Date: _____ Effective Term: _____

REGISTRAR'S OFFICE USE ONLY:

SFAREGS Curricula Catalog Term: _____

Transfer Credit(s) Reviewed: NO YES- If YES, Reviewed Date: _____

Academic Standing Reviewed:
Reviewed by: _____ Date: _____ Effective Term: _____