

Reinstatement Form

This form must be returned to the following for approval and processing:
 GBC – Admissions and Records Office
 1500 College Parkway
 Elko, NV 89801

Phone: 775-327-2059 Fax: 775-327-5071 Email: mygbc@gbcnv.edu

Date: _____ Term: _____

Name: _____ Birthdate: _____

GBC ID _____ Telephone: _____

Student is responsible for obtaining instructor signature on form or by attaching email from instructor. Instructor signature is required after second day from being purged from class. Instructor signature is not required if class has not yet started or if it has ended.

Courses to be reinstated

Class No.	Subject	Course No.	Section No.	Units	Instructor Signature

Your signature indicates that you agree to bring your GBC account current for this semester, immediately after reinstatement.

Signature: _____ Date _____

This section is for official use only

Admissions Signature _____ Date _____

Reinstatement completed: _____ Yes _____ No

Instructors have been notified: Yes _____ Initials _____

Only posted grades: _____

Payment received: Yes _____ No _____ date _____

Student re-dropped _____
