GREAT BASIN COLLEGE
EMPLOYER REQUIRED CLASS

Student Name: _____

Social Security Number: _____

Semester: Fall □ Spring □ Summer □

Course:

_____
(Call No. / Course / Course No. / Title)

Employer: _____

The above listed student is a non-resident, however, the student is employed full time and the course is required and sponsored by the employer.

This is to request in-state residency for this student while taking this course.

Approved □ Denied □

_____
Department Signature Date

_____
Director of Admissions/ Registrar Date