



**Registration Form**  
 1500 College Parkway  
 Elko, Nevada 89801

Phone: 775.753.2102 Fax: 775.753.2311

Date: \_\_\_\_\_ Semester:  Spring  Summer  Fall

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

GBC ID: \_\_\_\_\_ OR Social Security Number: \_\_\_\_\_  
 (disclosure is optional)

Class Number	Department	Course Number	Section Number	Units	Unit or Audit	Weekdays	Time	Class Fees

**Fees are due and payable at the Controller's Office at the time of registration.  
 Please make checks payable to the "Board of Regents."**

Signature: \_\_\_\_\_