



Registration Form
 Admissions and Records Office
 1500 College Parkway
 Elko, Nevada 89801

Phone: 775.327.2059

Fax: 775.753.2311

Email: mygbc@gbcnv.edu

Date: _____

Semester: Spring Summer Fall

Name: _____

Birthdate: _____

GBC ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day _____ Evening _____

By registering for classes, students agree that they are responsible for payment of all associated fees.

Subject Example (ENG)	Course Number Example (101)	Section Number Example (1001-LEC)	Class Number Example (12345)	Units Example (3)	Unit or Audit	Weekdays	Time	Class Fees

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

Signature: _____