



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

Phone: 775.753.2102

Fax: 775.753.2311

Email: mygbc@gbcnv.edu

Date: \_\_\_\_\_

Semester:    Spring    Summer    Fall

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

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

GBC ID: \_\_\_\_\_

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

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

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

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

**By registering for classes, students agree that they are responsible for payment of all associated 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: \_\_\_\_\_