

Reinstatement Form

This form must be returned to the following for approval and processing:

GBC – Admissions and Records Office
 Julie G. Byrnes, Director of Enrollment Management
 1500 College Parkway
 Elko, NV 89801
 Fax # 775-753-2311

Date: _____ Term: _____

Name: _____ Birthdate: _____

GBC ID _____ OR *Social Security Number: _____

Courses to be reinstated

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

Signature: _____

Your signature indicates that you are aware of the \$75 reinstatement fee and you agree to pay the fees for this semester in full, immediately after reinstatement.

Reinstatement Fee Appeal: The reinstatement fee may be appealed by submitting a letter of appeal to the Director of Enrollment Management.

*Note: Providing your Social Security Number is voluntary. If you do not wish to use your Social Security Number, you will be assigned an NSHE Number.

_____ This section is for official use only. Do not write below this line.

Reinstatement reviewed: _____ Yes _____ No _____
Signature

Instructors have been notified:
 _____ Yes. _____ Initials
 _____ Or, grades have been located.
 _____ Or, grades have been requested from instructors. _____ Initials

Reinstatement fee assessed _____
 Reinstatement done _____