

SPECIAL ADMISSIONS FORM FOR HIGH SCHOOL STUDENTS

Admissions & Records Office • 1500 College Parkway • Elko, Nevada 89801 Phone: 775.327.2059 • Fax: 775.327.5071 • Email: admissions@gbcnv.edu

Date:		Semester: Fall	\Box Spring \Box	Summer
		Name of High School		
Print Name:				
	First	Middle	Last	
Address:				
	Mailing Address	City	State	Zip
Phone:		E-mail address		
HS Grade Level:		GBC Student ID:		
Expected Hi	igh School Graduation	Date:		
Act states that	parents do not have ac	nds a post-secondary institution cess to their student's education at Basin College that may be	ional records. I und	lerstand that I am
I further under situations occu		consible for all fees associate	d with this class if	any of the following
	no longer enrolled with	the high school and I do not o	drop the class befor	re the 100% refund

- b) I no longer want to be enrolled in the class and I do not drop the class before the 100% refund period ends
- c) I receive a 'W' (withdrawn) grade in the class

Parents must have written permission from the student before information will be released, and information will not be given over the phone. (Contact Admissions and Records for further information).

I realize that academic freedom is zealously guarded in college classrooms and as such, topics and ideas of a controversial or sensitive nature may be discussed. If taking academic courses, it is important to meet with a GBC advisor to clarify enrollment and academic progress. Continued enrollment is contingent upon review of academic progress each semester.

Student Signature:	 Date Signed:
Parent or Guardian Signature:	Date Signed: