Great Basin College
Residency Audit Application Fall 2025

This application is for students who have been selected to verify their Nevada residency status.

Attention: Students who are U.S. military veterans or a spouse or dependent of a veteran, including those seeking coverage under **Section 702 of the U.S. Choice Act** and individuals using transferred benefits under the Post-9/11 Veterans Educational Assistance, please do not use this form; instead, please use the NSHE form linked here: Veterans, Spouses and Dependents: Information Request Form for Determination of Tuition Charges

Submission Information
Submit this form and the required documentation by the institutional deadline to:

IN PERSON or by MAIL to:
Great Basin College
Admissions & Records
1500 College Parkway
Elko, NV 89801

FAX to:
775-327-2071

EMAIL to:
katelynn.gurr@gbcnv.edu

Institutional Deadlines for Submission of the Residency Audit Application: September 30, 2025.

Last Name	First Name	MI

Date of Birth	NSHE ID#	Email Address	Phone Number

Address			
Street	City	State	Zip Code

Year/Semester of Residency Audit

Year: _____ Semester: ☐ **Fall** ☐ **Spring**

I hereby certify that all statements are true and correct; and I fully understand the decision by an institution to grant resident student or nonresident student status for tuition purposes does not create a vested interest or right to rely on that decision if it was made in error by the institution or was obtained under false pretenses.

Signature Date

Form Instructions

Two (2) options are available for students selected for the Residency Audit to establish residency under *Title 4, Chapter 15* of the Board of Regents *Handbook*:

- ☐ **Option 1 – New/Current Students: Exemption from tuition. If you qualify under Option 1, do not complete Option 2. (pages 1 & 2)**

OR

- ☐ **Option 2 – New/Current Students. If you do not qualify under Option 1, you must complete Option 2. (pages 1 & 3)**

Additional Information:
After you submit this form to your NSHE institution in the manner prescribed by the institution, the institution may contact you to request additional information to verify the information submitted.

For Official Use Only

☐ **Option 1** ☐ **Option 2** ☐ **Approved** ☐ **Denied** Notes: _____

OPTION 1: NEW/CURRENT STUDENTS – TUITION EXCEPTION

If you qualify under one of these categories, check the box and submit the required documentation. Do NOT proceed to OPTION 2.

	Description	Required Documentation	Official Use Only
☐	Currently attending or a graduate of a Nevada high School	☐ If a graduate, an official Nevada high school transcript; or ☐ If currently attending a Nevada high school, verification of enrollment from the high school	Yes No
☐	Currently attending or previously attended a Nevada System of Higher Education (NSHE) institution (i.e., UNLV, UNR, NSC, CSN, GBC, TMCC, WNC) as a Nevada resident for tuition purposes.	Documentation from NSHE institution indicating Nevada resident status	Yes No
☐	NSHE Employees: A professional employee, classified employee, postdoctoral fellow, resident physician, or resident dentist currently employed at least half time, or the spouse or dependent child of such an employee.	Copy of current employee contract or letter/documentation from Human Resources. **AND – if applicable:** ☐ For spouse, copy of marriage license or Declaration of Domestic Partnership. ☐ For dependent, copy of the NSHE employee's federal income tax return or federal tax transcript for the most recent tax year.	Yes No
☐	A graduate student enrolled in the NSHE and employed by the System in support of its instructional or research programs	Documentation or confirmation from NSHE institution indicating status as a graduate student and NSHE employment in support of instructional or research programs	Yes No
☐	Graduate Fellow	Documentation or confirmation from NSHE institution indicating status as a "graduate fellow"	Yes No
☐	A member of the Armed Forces of the United States, on active duty, stationed in Nevada as a result of a permanent change of duty station pursuant to military orders, or a person whose spouse, parent or legal guardian of such a person	Copy of military orders indicating Nevada as a permanent duty station **AND – if applicable:** ☐ For spouse, copy of Military ID, or marriage license, or Declaration of Domestic Partnership. ☐ For dependent, copy of Military ID or the member's federal income tax return or federal tax transcript for the most recent tax year.	Yes No
☐	A U.S. Marine stationed at Pickel Meadows, California as a result of a permanent change of duty station pursuant to military orders, or the spouse, parent or legal guardian of such a person	Copy of military orders indicating Pickel Meadows as a permanent duty station **AND – if applicable:** ☐ For spouse, copy of Military ID, or marriage license, or Declaration of Domestic Partnership. ☐ For dependent, copy of Military ID or the member's federal income tax return or federal tax transcript for the most recent tax year.	Yes No
☐	Member of a federally recognized Native American tribe, who does not otherwise qualify as a Nevada resident, and who currently resides on tribal lands located wholly or partially within the boundaries of the State of Nevada.	☐ Proof of tribal membership (i.e. tribal card or similar documentation); and ☐ Proof of address on tribal lands	Yes No
☐	U.S. military veterans, a spouse or dependent of a veteran, and those seeking coverage under Section 702 of the U.S. Choice Act, including individuals using transferred benefits under the Post-9/11 Veterans Educational Assistance	**Do not use this form. Please use the NSHE form linked here or contact your institution for more information**: Veterans, Spouses and Dependents: Information Request Form for Determination of Tuition Charges	

If you checked one of the boxes under Option 1, STOP. If not, continue to Option 2.

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1500 College Parkway ● Elko NV 89801 ● Phone (775)327-2059 ● Fax (775)327-2071
E-mail: admissions@gbcnv.edu ● www.gbcnv.edu

OPTION 2: NEW/CURRENT STUDENTS WHO DO NOT QUALIFY FOR AN EXEMPTION UNDER OPTION 1

OPTION 2 – EVIDENCE OF NEVADA RESIDENCY

	Description	Required Documentation	Official Use Only
☐	A **financially dependent*** person whose spouse, family or legal guardian is a bona fide resident of the State of Nevada for at least 12 months immediately prior to the date of matriculation. *An institution may require a student to submit a birth certificate or proof of legal guardianship.	☐ ***To establish dependency:*** A copy of parent/legal guardian/spouse federal income tax return or federal tax transcript with a Nevada address** for the most recent tax year filed listing the student as a dependent or spouse. ***AND at least one*** of the following documents for the parent/legal guardian/spouse issued at least 12 months prior to the first day of instruction**:** ☐ Evidence of Nevada as the spouse's, parents' or legal guardian's permanent, primary residence (i.e. home ownership, a lease agreement, rent receipts, utility bills) ☐ Nevada driver's license ☐ Nevada identification card ☐ Nevada vehicle registration ☐ Nevada voter registration **If the federal tax return/tax transcript does not have a Nevada address, additional documentation may be required.	Yes No
☐	A **financially dependent** person whose spouse, family, or legal guardian has relocated to Nevada for the primary purpose of permanent full-time employment in Nevada or to establish a business in and living in Nevada.	☐ ***To establish dependency:*** A copy of parent/legal guardian/spouse federal income tax return or federal tax transcript for the most recent tax year filed listing the student as a dependent or spouse. ***AND at least one*** of the following: ☐ Documentation from employer on company letterhead indicating start date in Nevada and permanent, full time employment in Nevada; or ☐ A copy of a Nevada business license and proof that the business is in operation.	Yes No
☐	A **financially independent** person whose family resides outside the State of Nevada, if the person himself or herself is a bona fide resident of the State of Nevada for at least 12 months immediately prior to the date of matriculation.	***Students under age 24 – to establish financial independence:*** ☐ If the student did not claim himself/herself on the student's tax return for the most recent tax year, a copy of parent/legal guardian federal income tax return or federal tax transcript for the most recent tax year that indicates the student was not claimed as a dependent. ***ALL Students: At least ONE*** of the following documents for the student issued at least 12 months prior to the first day of instruction**:** ☐ Evidence of physical, continuous presence in Nevada for 12 months (i.e. home ownership, a lease agreement, rent receipts, utility bills) ☐ A copy of the student's federal tax return or federal tax transcript for the most recent tax year indicating a Nevada address ☐ Nevada driver's license ☐ Nevada identification card ☐ Nevada vehicle registration ☐ Nevada voter registration	Yes No
☐	A **financially independent** person who has relocated to Nevada for the primary purpose of permanent full-time employment in Nevada or to establish a business in and living in Nevada.	**ONE** of the following: ☐ Documentation from employer on company letterhead indicating start date in Nevada and permanent, full time employment in Nevada; or ☐ A copy of a Nevada business license and proof that the business is in operation.	Yes No
☐	Licensed educational personnel employed full-time by a public school district in Nevada, or the spouse or dependent child of such an employee.	Copy of current employment contract. **AND – if applicable:** ☐ For spouse, copy of marriage license or Declaration of Domestic Partnership. ☐ For dependent, copy of federal income tax return or federal tax transcript for the most recent tax year.	Yes No
☐	A teacher who is currently employed full-time by a private elementary, secondary or postsecondary educational institution or the spouse or dependent child of such an employee.	Copy of current employment contract. **AND – if applicable:** ☐ For spouse, copy of marriage license or Declaration of Domestic Partnership. ☐ For dependent, copy of federal income tax return or federal tax transcript for the most recent tax year.	Yes No

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