

DIPLOMA REPRINT REQUEST

Submit to your local center with payment or mail completed form and payment to Controllers Office, 1500 College Parkway, Elko, NV 89801

Fax: 775-327-5071 Email: admissions@gbcnv.edu

| PRINT NAME | | |
|------------------------------|---------------------------------------|-----------------------------------|
| | (as you want it to appear o | |
| GBC ID | | DOB |
| | | |
| MAILING ADDRESS | (where your diploma wi | ill he sent to) |
| CITY | | STATE ZIP |
| | | |
| PHONE | | EMAIL |
| DDEVIOUS NAME(S) | | |
| PREVIOUS NAIVIE(S) | | - |
| | - / | |
| | Degree/Major F | Recieved |
| Associate of Arts | | Bachelor of Arts or Science |
| Pattern of Study | | Major |
| Associate of Science | | Emphasis |
| Pattern of Study | | Bachelor of Science in Nursing |
| Associate of General Studies | | Bachelor of Applied Science |
| Associate of Applied Science | | Emphasis |
| Major Emphasis | | Certificate of Achievement Major |
| - | | |
| | Semester Rece | ativa de |
| | Semester Rece | eiveu. |
| Spring 20 | Summer 20 | Fall 20 |
| | (No Diplomas can be printed for degre | |
| | The Diploma Reprint Fee is \$20 | and includes nostage |
| | Does NOT include dipl | |
| | Allow up to 4 weeks for diplom | |
| | mailed. | 10 20 p04 d.i.d |
| CTUDENT CLOSUS TO THE | maneu. | 0.475 |
| STUDENT SIGNATURE | | DATE |