



Student Financial Services
1500 College Parkway – Elko, NV 89801
775-753-2399
775-753-2390(fax)
financial-aid@gbcnv.edu

Academic Plan of Action 2017-2018

Student Name: _____

PLEASE PRINT

GBC ID Number: _____ Email Address: _____

DIRECTIONS:

- List the number credits you will register for each semester. The courses you select must be required to complete your certificate or degree.
- Attach a current Student “What If” report for your academic plan. Download from My GBC Self-Service Center.
- Read the certification. Sign and date the form.
- Submit the Academic Plan of Action with Student “What If” report to GBC Student Financial Services.
- Request a meeting with a GBC Financial Aid Counselor to review your plan.

	Fall Term 2017	Spring Term 2018	Summer Term 2018
Number of Credits			

Financial Aid Counselor Notes:

STUDENT CERTIFICATION:

By signing below, I agree to adhere to the terms of this academic plan of action to regain my eligibility for financial aid. I understand that if my academic plan is approved, I will be placed on Financial Aid Probation. I must follow the plan or I will be placed on suspension. I must notify GBC Student Financial Services before dropping or adding any classes. I must complete all classes with grades of A through D, and S.

STUDENT SIGNATURE: _____ DATE: _____