



Greater Cincinnati
Collegiate Connection

GC3 Advising Processing Form

Student Name: _____ Gateway Student ID: _____

Social Security Number: _____

Host Institution (Where class will be taken): _____

Student Address: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

Class to be taken at Host School

COURSE #1

Course Number: _____ Course Title: _____

Number of Credit Hours: _____

COURSE #2

Course Number: _____ Course Title: _____

Number of Credit Hours: _____

Student Signature: _____

Date: _____

Advisor/Faculty Signature: _____

Date: _____

To turn in GC3 Advising Processing Form, please print out completed form and deliver either to Gateway Transfer Services (Edgewood Campus, NAHSC Building, Office 130), or the Gateway Registrar's Office.

For a complete list of GC3 Members please visit: <http://www.gccollegiateconnection.org/>