

University of Pittsburgh

ENROLLMENT FORM

NATIONAL ID (SSN)	OR	STUDENT ID
STUDENT NAME (Last, First, M.I.)		

PROGRAM (School)
PLAN (Major)

YEAR
FALL _____
SPRING _____
SUMMER _____

COURSES TO BE ADDED:

Class Number	Subject	Catalog Number	Units	*Days	*Time	*Bldg/Room	Variable Credits?

COURSES TO BE DROPPED:

Class Number	Subject	Catalog Number	Units

***SUBJECT TO CHANGE – Please check your schedule on-line for the most up-to-date information.**

ALTERNATE COURSES:

TOTAL UNITS _____

The student, by signing below, hereby agrees and promises to pay the University all tuition and fees resulting from this registration.			
STUDENT'S SIGNATURE	DATE	ADVISOR'S SIGNATURE	DATE