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	Credits	*Days	*Time	*Bldg/Room	Variable Credits?

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

COURSES TO BE DROPPED:

Class Number	Subject	Catalog Number	Credits

ALTERNATE COURSES:

TOTAL CREDIT HOURS _____

The student is financially obligated for all tuition and fees resulting from this registration.
The student acknowledges having received departmental approval for those courses that require Special Enrollment Counseling.

STUDENT'S SIGNATURE	DATE	ADVISOR'S SIGNATURE	DATE

2/24/2005