

UNIVERSITY OF PITTSBURGH – SCHOOL OF NURSING



**Student Services Office
239 Victoria Building
Student Request Form**

STUDENT INFORMATION

Date: _____ PeopleSoft ID: _____ SSN: XXX – XX - _____

Student Name: _____
Last First MI

Current Address: _____

City State Zip

Phone: _____ Fax: _____ Email: _____

Signature _____

Please sign this form so processing can be completed

NATURE OF REQUEST

ENROLLMENT STATUS: Current Previous

ACADEMIC STATUS/LEVEL:

- | | | | |
|--|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Accelerated | <input type="checkbox"/> RN-Options | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> PhD | <input type="checkbox"/> DNP | <input type="checkbox"/> Non-Degree |

Please allow a 3 to 5 business day waiting period for all requests.

Request Routed To: _____ Date: _____

Action Taken By: _____ Date: _____