DATE: July 1, 2010

TO: All Undergraduate Students Who Plan on Enrolling in a Summer Course in ANOTHER College or University

FROM: Linda S. Holden, MSN, RN
Associate Director of Student Services,
Undergraduate Program

SUBJECT: Special Forms for Summer Courses

If you are planning on taking a summer course at a college or university OTHER THAN THE UNIVERSITY OF PITTSBURGH, you must obtain a permission form from the Student Services Office. This insures that you are planning on taking an appropriate course, which would then fulfill one of your requirements (i.e., Statistics, Anthropology, Sociology, a creative expression-type course.)

The process is very simple. Obtain a “Permission to Enroll at Another College or University” form from the Student Services Office. Carefully read and then complete the form. **You must attach a course description from the school you will attend in the summer.** Leave the form for me to sign. As indicated on the form, you will need to supply an official transcript after completion of the course.

We require that the form be completed for your benefit and turned in between February 1st and the end of the spring term. It takes one week for a decision to be made. However, if the summer course requires an individual letter from the Student Services Office, please allow several weeks for the additional special letter and to provide all of the pertinent information.

If you have any questions, please make an appointment to see your advisor.

Thank you very much!
UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING
PERMISSION TO ENROLL AT ANOTHER COLLEGE OR UNIVERSITY

Name: ___________________________________________ Student ID: __________________
Class of: _______________ Date: _________________ Phone: _________________________
Address: __________________________________________

                                                  City      State        Zip Code

College or University You Want to Enroll at: __________________________________________

City: ___________________________________________ State: _________________________

Previous work completed at this school?  ___YES __NO  Planned Term of Attendance: ______

Planned Courses:  (Attach course description for each.)

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<tr>
<th>Dept. and No.</th>
<th>Course Title</th>
<th>Credits</th>
<th>Pitt Equivalent</th>
<th>Credits</th>
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TO BE COMPLETED BY STUDENT

PLEASE READ CAREFULLY BEFORE SIGNING:

I am requesting approval of the above courses. I understand that:

1) A grade of “C” or better must be earned to receive credit for the course.
2) The grade earned will not be used to compute my Pitt GPA.
3) To receive credit I must arrange to have an OFFICIAL TRANSCRIPT sent to the University of
   Pittsburgh School of Nursing Student Services Office, 239 Victoria Building, Pittsburgh, PA
   15261 ATTN: UG Program Administrator.

Student Signature:

The above course(s) are:  □ approved  □ not approved

Comments: _____________________________________________________________

________________________________________________________________________

Associate Director of Student Services, Date
Undergraduate Programs