

ADMISSION TO CLOSED OR RESTRICTED CLASS REQUEST



Student's:	PSID #	Name [Last, First, MI]	Email	
Subject & Number <small>i.e. NURNP 2028</small>	Course Title	Class # <small>(5 digit i.e. 23456)</small>	Term /Year <small>Fall, Spring, Summer</small>	

**School of
Nursing**

Reason for override: <input type="checkbox"/> Consent [<i>dept. or instructor/faculty</i>] <input type="checkbox"/> Closed class [<i>over limit, restricted, etc.</i>] <input type="checkbox"/> Career restrictions	<input type="checkbox"/> Requisites [<i>pre-or co-requisites not met</i>] <input type="checkbox"/> Time Scheduling Conflict <input type="checkbox"/> Unit Load [<i>term max credits exceeded</i>]	Credits If the course credits are variable, enter the amount: <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>
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Faculty: <i>Please print name</i>	Date:						
<table style="width: 100%;"> <tr> <td style="width: 15%;">Approved</td> <td style="width: 15%;">Denied</td> <td style="width: 70%;"><i>Faculty Signature:</i></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td> </td> </tr> </table>	Approved	Denied	<i>Faculty Signature:</i>	<input type="checkbox"/>	<input type="checkbox"/>		
Approved	Denied	<i>Faculty Signature:</i>					
<input type="checkbox"/>	<input type="checkbox"/>						

<p>Please return above completed form to Student Affairs (SAAR) 240 Victoria Building or SAO50@pitt.edu</p>	<p>Permission Number, assigned by SSO staff</p> <p>_____ Student emailed on</p>
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