

## ADMISSION TO CLOSED OR RESTRICTED CLASS REQUEST

***This form MUST be completed in full with accurate data to be processed.***



**School of  
Nursing**

**People Soft ID** (7 digits)

**Name** [Last, First, MI]

**Email**

**Subject & Number**  
(i.e. NURNP 2028)

**Course Title**

**Class #**

(5 digits, i.e. 23456)

**Term/Year**

Fall, Spring, Summer

### Reason for override:

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Consent [dept. or instructor/faculty]

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Requisites [pre- or co-requisites not met]

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Closed class [over limit, restricted, etc.]

☐

Time scheduling conflict

☐

Career restrictions

☐

Unit load [term max credits exceeded]

### Credits

If the course credits are variable, enter the amount:

**Faculty:** *Print name*

**Date:**

**Approved**

**Denied**

*Faculty Signature:*

☐☐

***Return completed form to:***

***Student Affairs  
240 Victoria Building  
or PittNursing@pitt.edu***

**Student Affairs staff will reply with an email; it may take up to ten (10) business days during high enrollment season.**