

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: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="flex: 1;"> <input type="checkbox"/> Consent [dept. or instructor/faculty] <input type="checkbox"/> Closed class [over limit, restricted, etc.] <input type="checkbox"/> Career restrictions </div> <div style="flex: 1;"> <input type="checkbox"/> Requisites [pre- or co-requisites not met] <input type="checkbox"/> Time scheduling conflict <input type="checkbox"/> Unit load [term max credits exceeded] </div> <div style="flex: 1;"> Credits If the course credits are variable, enter the amount: <input type="text"/> </div> </div>				
Faculty: Print name Approved Denied Faculty Signature: <input type="text"/> <input type="text"/>				Date:
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.		