

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"/> Requisites [<i>pre-or co-requisites not met</i>] |
| <input type="checkbox"/> Closed class [<i>over limit, restricted, etc.</i>] | <input type="checkbox"/> Time Scheduling Conflict |
| <input type="checkbox"/> Career restrictions | <input type="checkbox"/> Unit Load [<i>term max credits exceeded</i>] |

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%;">Faculty Signature:</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	Faculty Signature:	<input type="checkbox"/>	<input type="checkbox"/>		
Approved	Denied	Faculty Signature:					
<input type="checkbox"/>	<input type="checkbox"/>						

**Please return above completed form to
Student Services
240 Victoria Building
or SAO50@pitt.edu**

Permission Number, assigned by SSO staff

_____ Student emailed on

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