University of Pittsburgh | Health Sciences School of Nursing

University of Pittsburgh School of Nursing

Distance Education Course Request Form for Permission to Enroll

Student Name:	***Last***	***First***	***Middle***
Please print clearly			
Username			
PeopleSoft ID Number:			

Course in which you are requesting to enroll:	***FALL:*** ☐	***SPRING:*** ☐	***SUMMER:*** ☐

YEAR:	**Course Prefix & Number: Course Title:** *(e.g., NURNP 2402)*	**CRN/Class #** *(e.g. 54321 5 digit number)*

Notes: 1) Student must meet the criteria in **Policy 438**, which includes living or working outside a 50 mile radius from Oakland Campus, 2) Student is required to own or have access to a computer, high speed internet access, webcam, and microphone and speakers. 3) Student is expected to arrange for transportation to the testing site. 4) Cost of testing center, if applicable, will be charged to student.

Student Signature _____ Date _____

Academic Advisor Signature _____ Date _____

Please submit form to Graduate Advisor, Student Services, 240 Victoria, for final approval. Thank you.

Approved by:

Graduate Advisor (Center for Student Success) Date

Permission # _____

You will be notified by email if your request has been approved or denied. Thank you.
Copy of approved request sent to Course Instructor.

sj 10/2012