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:

- ☐ Consent *[dept. or instructor/faculty]*
- ☐ Closed class *[over limit, restricted, etc.]*
- ☐ Career restrictions
- ☐ Requisites *[pre- or co-requisites not met]*
- ☐ Time scheduling conflict
- ☐ 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.