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| Pitt – Johnstown Enrollment Worksheet |
| **STUDENT NAME (Last, First)** | **STUDENT ID** | **MAJOR** | **TERM(Circle One)** | **YEAR** |
|  |  |  |  |  |  |  |  |  | Fall Spring Summer |  |
|  |  |  |  |  |  |  |  |
|  | **CLASS NUMBER** | **SUBJECT** | **CATALOG****NBR** | **CR** | **DAYS** | **TIME** | **INSTRUCTOR’S SIGNATUREfor Override** | **REASON FOR OVERRIDE(See Below)** |
| ⬜ ENROLL ⬜ DROP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ⬜ ENROLL ⬜ DROP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⬜ ENROLL ⬜ DROP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⬜ ENROLL ⬜ DROP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ⬜ ENROLL ⬜ DROP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⬜ ENROLL ⬜ DROP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ALTERNATIVE COURSES: |  |
| ⬜ ENROLL ⬜ DROP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⬜ ENROLL ⬜ DROP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Days, Times, and Locations are subject to change; please check your schedule online at https://my.pitt.edu |
| **STUDENT SIGNATURE** | **DATE** | **TOTAL CREDIT HOURS** | **Reasons for Override Signature(Must accompany all Override Signatures)** |
|  |  |  | Closed Class |
| I, the student, by signing this form, agree and promise to pay the University all tuitions and fees resulting from this registration. I have reviewed my schedule and verified its accuracy; I understand that I am to register for only advisor-approved courses. I also understand that I am ultimately responsible for my course selections and their relevance to my program of study. | Program WaiverTime ConflictInstructor ConsentPre and/or Co Requisite |

Revised 2/2014