

Request for Relocation from Pitt Johnstown You may ONLY submit this form the semester BEFORE you are requesting the relocation.

Please print legibly and answer all questions!			
Student Name (Last, First):			
Student ID Number: Student Cell Phone:	E-mail Addre	ess:	
Term in which you wish to relocate:		(Exan	nple: Fall 2024)
Campus You Wish to Relocate to: Bradford	Greensburg	Titusville	Oakland**
**If your request is for the Oakland ca relocation to (choose 1 only, you canno			
College of Business Adm College of General Studie Dietrich School of Arts & School of Computing & I School of Education School of Health & Reha School of Nursing School of Public Health School of Social Work Swanson School of Engir	es Sciences nformation bilitation Scie	ences:	
What is Your Current UPJ Major: New Major: Number of completed UPJ Credits: Number of credits you are completing this sem			
Number of Credits you are completing this sen Number of Transfer Credits brought into UPJ: What is Your Current GPA: Anticipated Graduation Date:			

Form Updated: March 2025

Reason For Relocation Request (THIS SECTION IS REQUIRED):			
By signing and submitting this form to the Pitt Johnstor that: 1. Your request and academic records will be sen campus you are requesting relocation to. 2. Acceptance or denial is determined by the cam is unable to provide any advising assistance in to	It IF you meet the requirements set by the inpus you want to attend, NOT by UPJ. UPJ		
3. If you change your mind, you will notify the Repaccepted you.4. If you have any questions, please contact Lisa A lah42@pitt.edu	gistrar's Office and the campus which		
Student Signature:	Date:		
Registrar's Office Representative Signature:	Date:		
Office USE ONLY:			
Admit: Deny: Date:			
Signature of Receiving Campus Official:			

Form Updated: March 2025