

# University of Pittsburgh at Johnstown Application for Summer 2025 Visiting Students

In order to complete the admission process for applicants at the University of Pittsburgh at Johnstown, print the following information clearly.

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\_\_\_\_\_  
Name – Last, First, Middle

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County (PA only)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email **(REQUIRED)** – Please print clearly!

\_\_\_\_\_  
Date of Birth

Sex:  Male  Female

\_\_\_\_\_  
High School

\_\_\_\_\_  
Graduation Date

**Have you ever attended Pitt-Johnstown before?**  Yes  No

Student's Citizenship  U.S Citizen  U.S. Immigrant/  
Permanent Resident Alien  Non-Immigrant  Refugee

Are you a resident of Pennsylvania?

If yes, for more than one year or less than one year?

(Count back from the beginning of the term for which you are enrolling)

No, not a PA resident  
 Yes, less than one year  
 Yes, more than one year

Is your father a resident of Pennsylvania?

If yes, for more than one year or less than one year?

(Count back from the beginning of the term for which you are enrolling)

No, not a PA resident  
 Yes, less than one year  
 Yes, more than one year

Is your mother a resident of Pennsylvania?

If yes, for more than one year or less than one year?

(Count back from the beginning of the term for which you are enrolling)

No, not a PA resident  
 Yes, less than one year  
 Yes, more than one year

Is your guardian a resident of Pennsylvania?

If yes, for more than one year or less than one year?

(Count back from the beginning of the term for which you are enrolling)

No, not a PA resident  
 Yes, less than one year  
 Yes, more than one year

Have you attended a college or University with the last 12 months?  Yes  No

If yes, College Name \_\_\_\_\_

College Address \_\_\_\_\_

I recorded the above. The information given is true and correct. I understand that falsification of any data may result in dismissal. I authorize any employer, educational institution, or agency to release such data as is required by the University to verify any of the above information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_