

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 <small>(i.e. NURNP 2028)</small>	Course Title	Class # <small>(5 digits, i.e. 23456)</small>	Term/Year <small>Fall, Spring, Summer</small>

Reason for override:

- | | |
|---|--|
| <input type="checkbox"/> Consent <i>[dept. or instructor/faculty]</i> | <input type="checkbox"/> Requisites <i>[pre- or co-requisites not met]</i> |
| <input type="checkbox"/> Closed class <i>[over limit, restricted, etc.]</i> | <input type="checkbox"/> Time scheduling conflict |
| <input type="checkbox"/> Career restrictions | <input type="checkbox"/> Unit load <i>[term max credits exceeded]</i> |

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 SAO50@pitt.edu

SAO staff will reply with an email; it may take up to ten business days during high enrollment season.