

Pitt – Johnstown Enrollment Worksheet

STUDENT NAME (Last, First)	STUDENT ID	MAJOR	TERM <small>(Circle One)</small>	YEAR
			Fall Spring Summer	

	CRN	SUBJECT	CATALOG NBR	CR	DAYS	TIME	INSTRUCTOR'S SIGNATURE <small>for Override</small>	REASON FOR OVERRIDE <small>(See Below)</small>
<input type="checkbox"/> ENROLL <input type="checkbox"/> DROP								
<input type="checkbox"/> ENROLL <input type="checkbox"/> DROP								
<input type="checkbox"/> ENROLL <input type="checkbox"/> DROP								
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<input type="checkbox"/> ENROLL <input type="checkbox"/> DROP								
<input type="checkbox"/> ENROLL <input type="checkbox"/> DROP								

ALTERNATIVE COURSES:

<input type="checkbox"/> ENROLL <input type="checkbox"/> DROP								
<input type="checkbox"/> ENROLL <input type="checkbox"/> 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 <small>(Must accompany all Override Signatures)</small>
			Closed Class Program Waiver Time Conflict Instructor Consent Pre and/or Co Requisite
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.			