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| Pitt – Johnstown Enrollment Worksheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT NAME (Last, First)** | | | | | | **STUDENT ID** | | | | | | | | | | | | | | | **MAJOR** | | | | | | **TERM (Circle One)** | | **YEAR** | |
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|  | **CLASS NUMBER** | | | | | | **SUBJECT** | | | | | | **CATALOG**  **NBR** | | | | | | | **CR** | | **DAYS** | | | **TIME** | | **INSTRUCTOR’S SIGNATURE for Override** | | | **REASON FOR OVERRIDE (See Below)** |
| ⬜ ENROLL ⬜ DROP |  |  |  |  |  | |  | | | | | |  | |  |  | |  | |  | |  | | |  | |  | | |  |
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| ⬜ ENROLL ⬜ DROP |  |  |  |  |  | |  | | | | | |  | |  |  | |  | |  | |  | | |  | |  | | |  |
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| 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 Waiver Time Conflict Instructor Consent Pre and/or Co Requisite | | | |

Revised 2/2014