



College of General Studies

Guest Student Registration Form

University of Pittsburgh Undergraduate Spring/Fall/Summer Term

Social Security Number: _____ - _____ - _____

Student Name (Last, First, M.I) _____

COURSE SECTION

CLASS NUMBER	DEPARTMENT	CATALOG NUMBER	CREDIT HOURS	DAYS	TIME	BUILDING/ ROOM

ALTERNATIVE COURSE SECTION

CLASS NUMBER	DEPARTMENT	CATALOG NUMBER	CREDIT HOURS	DAYS	TIME	BUILDING/ ROOM

This student is financially obligated for all fees resulting from this registration. The student acknowledges having received departmental approval for those courses which require Special Enrollment Counseling.

Student's signature: _____ Date: _____

Department use only:

TOTAL CREDIT HOURS TO BE TAKEN THIS TERM: _____

Advisor's Signature: _____ Date: _____