

To be admitted to a Closed Class or a Restricted Class, the student must have this form completed and signed by the Instructor (if required by department) and the department chairperson. When approved by the department chairperson, deliver to the Registration Center with Registration Form or Add / Drop Form.



University of Pittsburgh
**ADMISSION TO CLOSED CLASS OR
 RESTRICTED CLASS**

Please print clearly

Social Security Number									

SELECT ONE

UNDERGRADUATE
01

GRADUATE
02

YEAR

FALL

SPRING

SUMMER

Student Name (Last, First, M. I.)	Academic Center in which student is enrolled
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HAS PERMISSION TO ENTER A: CLOSED CLASS RESTRICTED CLASS

CRN	Subject	Course Number	Course Title
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PLEASE NOTE: Issuance of this form may cause this section to exceed the enrollment limit. Admission to associated lab, recitation, etc., must be approved on a separate form if it too is closed or restricted.

Instructor's Signature (If Required)	Date
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Department Chairperson's Signature	Date
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