UNIVERSITY OF PITTSBURGH AT TITUSVILLE — REGISTRATION RECORD

LAST NAME _____

FIRST NAME _____ MIDDLE INITIAL _____

SOCIAL SECURITY NUMBER (last 4 digits) ____ STUDENT ID _____

EMAIL _____

Fall 201 ___

Spring 201 ___

Summer 201 ___

Some course have restrictions that prevent your enrollment. Your advisor will assist you in obtaining the appropriate override signatures for these courses.

Course Code	Dept	Course Number	Credits	Day(s)	Time	Override Reason (if necessary)	Override Signature	Signature of Vice President for Academic Affairs (required for all overrides)

Reason for Override	Override Signature Required
Closed Course	Instructor of closed course
Time Conflict	Instructors of both conflicting courses
Instructor Consent	Instructor of course
Department Consent	Chairperson of Division of course
Waive Pre and/or Co Requisite	Vice President of Academic Affairs
Placed out of Prerequisite	Advisor or Registrar (VPAA signature not required)

Important Notice:

All students receiving an override signature must bring this form with appropriate signatures to the Office of the Registrar. A class permission number will be generated allowing enrollment into the class.

The courses above were agreed upon by student and advisor. Any change could negatively affect the student's ability to graduate in a timely manner or complete academic requirements.

I acknowledge that this registration creates a financial obligation, which can only be adjusted by withdrawal prior to the first day of University classes.

Student's Signature	Date	Advisor's Signature	Date

ADVISING HOLD REMOVED ☐

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