Request for Relocation from Pitt Johnstown
You may ONLY submit this form the semester BEFORE you are requesting the relocation.

Please print legibly and answer all questions!

Student Name (Last, First): ________________________________

Student ID Number: ____________  Student E-mail Address: ______________________

Cell Phone: ____________________

Term in which you wish to relocate: ________________________ (Example: Fall 2024)

Campus You Wish to Relocate to: Bradford  Greensburg  Titusville  Oakland**

**If your request is for the Oakland campus, which school are you requesting relocation to:

___ Dietrich School of Arts & Sciences  ___ College of Business Administration
___ School of Computing & Information  ___ Swanson School of Engineering
___ School of Health & Rehabilitation Sciences  ___ School of Nursing
___ School of Public Health  ___ School of Social Work

What is Your Current UPJ Major: ________________  New Major: ________________

Number of UPJ Credits: _______  Number of Transfer Credits: _______

What is Your Current GPA: _______  Anticipated Graduation Date: _______

Reason For Relocation Request:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Form Updated: November 2023
By signing and submitting this form to the Pitt Johnstown Registrar’s Office, you understand that:

1. Your request and academic records will be sent IF you meet the requirements set by the campus you are requesting relocation to.
2. Acceptance or denial is determined by the campus you want to attend, NOT by UPJ. UPJ is unable to provide any advising assistance in this relocation.
3. If you change your mind, you will notify the Registrar’s Office and the campus which accepted you.

Student Signature: _________________________________  Date: _______________

Registrar’s Office Representative Signature: ________________  Date: _______________

Please e-mail the completed form to: Billie Kochara (she/her), Academic Services Coordinator at: bjk122@pitt.edu. If you have questions on relocation, you may also call: 814-269-1907. You can also drop this form off in the Registrar’s Office: 279 Blackington Hall.

Office USE ONLY:

Admit: ______  Deny: ______  Date: ______________
Signature of Receiving Campus Official: ________________________________