University of Pittsburgh at Johnstown
Application for Summer 2026 Visiting Students

In order to complete the admission process for applicants at the University of Pittsburgh at Johnstown, print the following information clearly.

Name – Last, First, Middle _____ Social Security Number _____

Permanent Address _____

City _____ State _____ Zip Code _____ County (PA only) _____

Phone Number _____ Email **(REQUIRED) –** *Please print clearly!* _____

Date of Birth _____ Sex: ☐ Male ☐ Female

High School _____ Graduation Date _____

Have you ever attended Pitt-Johnstown before? ☐ **Yes** ☐ **No**

Student's Citizenship ☐ U.S Citizen ☐ U.S. Immigrant/ Permanent Resident Alien ☐ Non-Immigrant ☐ Refugee

Are you a resident of Pennsylvania?
If yes, for more than one year or less than one year?
(Count back from the beginning of the term for which you are enrolling)

☐ No, not a PA resident
☐ Yes, less than one year
☐ Yes, more than one year

Is your father a resident of Pennsylvania?
If yes, for more than one year or less than one year?
(Count back from the beginning of the term for which you are enrolling)

☐ No, not a PA resident
☐ Yes, less than one year
☐ Yes, more than one year

Is your mother a resident of Pennsylvania?
If yes, for more than one year or less than one year?
(Count back from the beginning of the term for which you are enrolling)

☐ No, not a PA resident
☐ Yes, less than one year
☐ Yes, more than one year

Is your guardian a resident of Pennsylvania?
If yes, for more than one year or less than one year?
(Count back from the beginning of the term for which you are enrolling)

☐ No, not a PA resident
☐ Yes, less than one year
☐ Yes, more than one year

Have you attended a college or University with the last 12 months? ☐ Yes ☐ No

If yes, College Name _____

College Address _____

I recorded the above. The information given is true and correct. I understand that falsification of any data may result in dismissal. I authorize any employer, educational institution, or agency to release such data as is required by the University to verify any of the above information.

Student Signature _____ Date _____