



University of Pittsburgh
Johnstown

ADMISSION DATA FORM

In order to complete the admission process, the Admission Data Form, including your deposit, must be submitted.

NAME (Last, First, MI)		SOCIAL SECURITY NUMBER			
PERMANENT ADDRESS (LINE 1)					
PERMANENT ADDRESS (LINE 2)		CITY	STATE	ZIP CODE	
AREA CODE, TELEPHONE NUMBER ()	AREA CODE, CELL PHONE NUMBER ()	PARENT'S E-MAIL ADDRESS			
FOREIGN ADDRESS (Country, Zip, City, Postcode)					
DATE OF BIRTH (mm/dd/yyyy)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			

PLEASE ANSWER ALL QUESTIONS	
Where are you planning to reside?	<input type="checkbox"/> ON CAMPUS (1) <input type="checkbox"/> COMMUTE (2) <input type="checkbox"/> OFF CAMPUS (3)
What is your citizenship status?	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Immigrant/ Permanent Resident Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Nonimmigrant
Are you a resident of Pennsylvania?	<input type="checkbox"/> No, not a PA Resident
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.)	<input type="checkbox"/> Yes, less than one year <input type="checkbox"/> Yes, more than one year
Is your father a resident of Pennsylvania?	<input type="checkbox"/> No, not a PA Resident
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.)	<input type="checkbox"/> Yes, less than one year <input type="checkbox"/> Yes, more than one year
Is your mother a resident of Pennsylvania?	<input type="checkbox"/> No, not a PA Resident
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.)	<input type="checkbox"/> Yes, less than one year <input type="checkbox"/> Yes, more than one year
Is your guardian a resident of Pennsylvania?	<input type="checkbox"/> No, not a PA Resident
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.)	<input type="checkbox"/> Yes, less than one year <input type="checkbox"/> Yes, more than one year
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. By signing below, I also authorize the University of Pittsburgh to request and, my high school and/or testing agencies to release, any academic information or college entrance test results needed to make my admissions file complete.	
Date	Student's Signature

Do not write in shaded area.

ENROLLMENT DEPOSIT FORM

STUDENT'S NAME (Last, First, MI)			
DATE RECEIVED (mm/dd/yy)	DEPARTMENT NAME	UNIVERSITY TELEPHONE EXT.	
/ /	Office of Admissions	814-269-7050	
ENROLLMENT DEPOSIT (Nonrefundable/Nontransferable)	AMOUNT	DEPOSIT FOR TERM	
TOTAL AMOUNT RECEIVED IN	Please Make Checks Payable To: University of Pittsburgh at Johnstown		
<input type="checkbox"/> Check <input type="checkbox"/> MC	\$100.00		
<input type="checkbox"/> Money Order <input type="checkbox"/> Visa	\$		

To protect customer information:
All credit card payments must be made securely either online at <http://psmobile.pitt.edu/> or via phone by calling the Admissions Welcome Center at 814-269-7050, or toll free at 855-LIKE-UPJ

Thank you