University of Pittsburgh

ADMISSION DATA FORM

In order to complete the admission process the following information is required. Please be accurate and complete.

NAME (Last, First, M.I.)	SOCIAL SECURITY NUMBER
	— —

PERMANENT ADDRESS (Line 1)

PERMANENT ADDRESS (Line 2)	STATE	ZIP CODE	AREA CODE - TELEPHONE NUMBER
			( )

CITY

FOREIGN ADDRESS (Country, Zip, City, Province)

DATE OF BIRTH	SEX
/ /	☐ FEMALE ☐ MALE

PLEASE ANSWER ALL QUESTIONS

Where are you planning to reside? ☐ ON CAMPUS (1) ☐ COMMUTE (2) ☐ OFF CAMPUS (3)

What is your citizenship status? ☐ U.S. Citizen ☐ U.S. Immigrant/ Permanent Resident Alien ☐ Refugee ☐ Non-immigrant

Are you a resident of Pennsylvania? ☐ 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.)
☐ Yes, less than one year
☐ Yes, more than one year

Is your father a resident of Pennsylvania? ☐ 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.)
☐ Yes, less than one year
☐ Yes, more than one year

Is your mother a resident of Pennsylvania? ☐ 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.)
☐ Yes, less than one year
☐ Yes, more than one year

Is your guardian a resident of Pennsylvania? ☐ 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.)
☐ Yes, less than one year
☐ 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, educa
signing below
information or college entrance test results needed to make my admissions file complete.

Date Student's Signature