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