



COLLEGE OVER 55 PROGRAM APPLICATION FORM

NAME: _____ PHONE: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Department (Catalog #)	Class Number	Course Title	Days & Times	Building & Room Number	Instructor Name (if Known)

\$25.00 per course - Checks made payable to the UNIVERSITY OF PITTSBURGH AT GREENSBURG

**Drop off or mail to: College Over 55 Program, Registrar's Office, University of Pittsburgh at Greensburg,
150 Finoli Drive, Greensburg, PA 15601**

(If you have any questions, please call the Registrar's Office at 724-836-9899.)

OFFICE USE ONLY:	Payment Date: _____	Amount: _____	Payment Type: _____
Instructor Contacted: _____	Approval received: _____	Student Confirmation mailed: _____	