

University Preview University of Pittsburgh at Greensburg Secondary School Application Form

*Must be completed by High School Guidance Counselor or Principal

Name of Applicant:		
Relationship:		
The University Preview Program provides students with an opportunity to		
experience college academics and campus life. While academics play an important part in reviewing applicants, we would like to know a little more.		
Please provide a few words about the applicant's character and/or achievements.		
	_	
Signature		



University Preview University of Pittsburgh at Greensburg Parent/Guardian Permission Form

l,	, give permission for my
child,	, to participate in the University
Preview Program at the Universit	y of Pittsburgh at Greensburg.
Signature	
Printed	
Date	