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.

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Signature ________________________________  Date ___________________
University Preview
University of Pittsburgh at Greensburg

Parent/Guardian Permission Form

I, ___________________________, give permission for my child,__________________________, to participate in the University Preview Program at the University of Pittsburgh at Greensburg.

Signature ________________________________________________

Printed __________________________________________________

Date ____________________________________________________