



University of Pittsburgh

Request for Supplemental Biographical Information

Please print or type clearly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Previous Name, if any \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please provide answers to the following question(s), and return this form with your application for admission. We cannot process your application without this completed form.

1. Are you a resident of Pennsylvania?

- Yes (More than one year)
Yes (Less than one year)
No

Only complete the next two questions if you will be under 21 years of age on the first day of classes in the term for which you are completing this application.

2. Is your Father/Guardian a resident of Pennsylvania?

- Yes (More than one year)
Yes (Less than one year)
No

3. Is your Mother/Guardian a resident of Pennsylvania?

- Yes (More than one year)
Yes (Less than one year)
No

I confirm that the information contained herein is accurate and truthful to the best of my knowledge and belief.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_