

# OSHER LIFELONG LEARNING INSTITUTE (OLLI) REGISTRATION FORM

*Please fill out the appropriate sections below, and a separate form for each registrant.*

## A. REQUIRED PERSONAL INFORMATION (COMPLETE ALL OF THIS SECTION)

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_  I do not have an email address

I AM A:  My information has changed (fill in new info in section B)

Paid Member (skip to Section C)

New Member (complete Payment/Waiver Form)

Renewing Member (complete Payment/Waiver Form)

TERM: \_\_\_\_\_

## B. UPDATED/ADDITIONAL PERSONAL INFORMATION

PHONE NUMBER (updated): \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required for ID)

MAILING ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY CONTACT PHONE: \_\_\_\_\_

**OLLI AT PITT MEMBERS ARE REQUIRED TO SIGN THE MEMBERSHIP WAIVER AND CODE OF CONDUCT ONCE A YEAR.**

## C. COURSE REGISTRATION

*Complete the following schedule to register for courses by entering the desired DAY OF WEEK, TIME and COURSE NAME in the appropriate slot. Registrations are entered in the order in which they were received. If a course is filled, members will be placed on the waiting list, and notified individually if admitted.*

Session 1	
Day/Time	Course Name

Session 2	
Day/Time	Course Name

### Pre-Approved Course Audits (2 Included with Membership)

Catalog #	Class #	Title with Subject Code

**ADDITIONAL REGISTRATION ON REVERSE SIDE**

# ADDITIONAL REGISTRATION

## EVENTS/LECTURES/TOURS

Day/Time	Title

### Session 1 (Additional Courses)

Day/Time	Course Name

### Session 2 (Additional Courses)

Day/Time	Course Name

## Non-Preapproved Course Audits

### AUDIT COURSE 1

TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
CATALOG #: \_\_\_\_\_ CLASS #: \_\_\_\_\_  
DAY(S) & TIMES: \_\_\_\_\_ BLDG & RM: \_\_\_\_\_

### AUDIT COURSE 2

TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
CATALOG #: \_\_\_\_\_ CLASS #: \_\_\_\_\_  
DAY(S) & TIMES: \_\_\_\_\_ BLDG & RM: \_\_\_\_\_

**PLEASE NOTE:** Prospective auditors must complete information required above or the audit request *will not be reviewed*. If a desired audit course is not on the pre-approved list, include a copy of your email permission from the instructor(s) or department head(s) to this form. **NO AUDITS ARE PERMITTED TO BE ADDED AFTER THE UNIVERSITY'S ADD/DROP DEADLINE. IF SUBMITTING ELECTRONICALLY, ATTACH INSTRUCTOR PERMISSION TO THE EMAIL MESSAGE**

## Notes/Additional Info

**OLLI AT PITT MEMBERS ARE REQUIRED TO SIGN THE MEMBERSHIP WAIVER AND CODE OF CONDUCT ONCE A YEAR.  
IF PURCHASING AN ANNUAL OR FIRST INSTALLMENT, FILL OUT THE PAYMENT/WAIVER FORM.**