



University of Pittsburgh
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Office of Veterans Services

ENROLLMENT CERTIFICATION REQUEST FORM

PART 1 – STUDENT AND ENROLLMENT INFORMATION

NAME

PEOPLE SOFT NUMBER

_____/_____/_____
 First MI Last Date of Birth

SSN

VA EDUCATION BENEFIT

Post 9/11, Chapter 33 _____ %

Dependent

GI Bill Active Duty, Chapter 30

GI Bill Selected Reserve, Chapter 1606

Vocational Rehabilitation, Chapter 31

Reserve Educational Assistance Program, Chapter 1607

Survivors and Dependents Assistance, Chapter 35
 VA File number (Ch 35 only)

CONTACT INFORMATION

Address _____

City _____ State _____ Zip Code _____

PITT E-MAIL ADDRESS _____

TELEPHONE _____

TERM (Circle One)

CALENDAR YEAR

CREDITS

Fall / Spring / Summer

Undergraduate Graduate Post-Baccalaureate
 Certificate only PHD Other _____

DECLARED MAJOR: _____

Are you receiving any University fellowships, scholarships, or graduate assistantships that cover tuition and fees? From which department?

N/A Yes Name of department(s): _____

PART 2 – DISCLOSURE READ & INITIAL STATEMENTS, SIGN & DATE

I understand that it is my responsibility to certify for each term for which I plan to receive benefits at the Office of Veterans Services.

Initial

I understand that it is my responsibility to report any status changes (including add/drop, G, I, or W grades, address change, change of major or school, or any other changes that may affect my entitlement to G.I. Bill benefits).

Initial

I understand that I am responsible for any debt owed to the University of Pittsburgh or Veterans Affairs resulting from an overpayment in my education benefits. Non-payment may affect my student account and future registration. I understand that GI Bill benefits (Chapter 31 & 33) are only applied to tuition and fees, less any scholarships unless the scholarship is refundable.

Initial

I, the undersigned, certify that the above statements are true to the best of my knowledge. I have read and understand my responsibilities as outlined above. I will report any and all status changes to the Office of Veteran Services as soon as they occur.

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Submitted:

Tuition and Fees:

Credits: