



University of Pittsburgh
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Office of Veterans Services

ENROLLMENT CERTIFICATION REQUEST FORM

PART 1 – STUDENT INFORMATION

1. NAME

2. PEOPLE SOFT NUMBER

 First MI Last

PART 2 - Enrollment Information

TERM (CIRCLE ONE)

YEAR

CREDITS ENROLLED

FALL / SPRING

SUMMER

IF THIS IS A CHANGE IN CREDITS TO WHAT YOU HAVE PREVIOUSLY CERTIFIED THIS TERM CHECK HERE: _____

PART 3 – READ & INITIAL STATEMENTS, SIGN & DATE

9. 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

10. 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

11. 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

12. 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 Office of Veterans Services as soon as they occur.

 Signature

 Date

CONTACT INFORMATION (if changed)

Address _____

City _____ State _____ Zip Code _____

Telephone _____

PROGRAM INFORMATION (if changed)

VA Form 22-1995 must be completed

SCHOOL _____ MAJOR _____

FOR OFFICE USE ONLY

NEW STUDENT

YELLOW RIBBON

IN STATE

OUT OF STATE

PITT GRANT