



University of Pittsburgh  
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# Office of Veterans Services

## ENROLLMENT CERTIFICATION REQUEST FORM

### PART 1 – STUDENT AND ENROLLMENT INFORMATION

NAME  _____ First                      MI                      Last	PEOPLE SOFT NUMBER _____	GENDER (OPTIONAL) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	SSN _____	DATE OF BIRTH _____

#### VA EDUCATION BENEFIT

Post 9/11, Chapter 33 \_\_\_\_\_%          Dependent  Spouse

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 Claim number (Ch 35 only) \_\_\_\_\_

CONTACT INFORMATION Address _____ City _____ State _____ Zip Code _____	PITT E-MAIL ADDRESS _____ ALTERNATE E-MAIL _____ TELEPHONE _____
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DEGREE SEEKING  <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Baccalaureate  <input type="checkbox"/> Certificate only <input type="checkbox"/> PHD <input type="checkbox"/> Other _____	TERM ( <i>Circle One</i> )		
	TERM	CALENDAR YEAR	CREDITS
	FALL/SPRING		
	SUMMER		

PROGRAM \_\_\_\_\_  
 SCHOOL \_\_\_\_\_    DECLARED MAJOR \_\_\_\_\_

LAST DUTY STATION/RESERVE UNIT _____ BRANCH OF SERVICE _____ LAST PAY GRADE _____	FOR OFFICE USE			
	IN STATE	<input type="checkbox"/>	OUT OF STATE	<input type="checkbox"/>
	YELLOW RIBBON	<input type="checkbox"/>	PITT GRANT	<input type="checkbox"/>
	NOBE/COE	<input type="checkbox"/>	DD214	<input type="checkbox"/>
	STUDENT GROUP	_____		

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

Signature \_\_\_\_\_ Date \_\_\_\_\_