University of Pittsburgh
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Phone: 412-624-3213
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veterans@pitt.edu

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		

Are you using **Federal (DoD) Tuition Assistance**? Yes / No
If so, please list all courses it will be applied to: _____

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	☐		