University of Pittsburgh
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Office of Veterans Services

ENROLLMENT CERTIFICATION REQUEST FORM

PART 1 – STUDENT INFORMATION

NAME	PEOPLE SOFT NUMBER
_____ ___ _____ First MI Last	_____

PART 2 - Enrollment Information

TERM (CIRCLE ONE)	**YEAR**	**CREDITS ENROLLED**
FALL / SPRING / SUMMER		

Are you using **Federal (Army/Navy/AF/USMC) 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

I understand that if I withdrawal (after add/drop date) and receive a W grade, I will likely generate a tuition & fee **debt** that I'll be obligated to pay—either to the VA or to Pitt. So I should talk to OVS before withdrawing.	_____ Initial
If I start a term at the full-time rate, and subsequently reduce to below full-time, then I will incur both a tuition & fee debt **AND** a monthly stipend debt. So I should talk to OVS before making a decision.	_____ Initial
If I take a course on a credit/no-credit basis (aka pass/fail basis) and subsequently fail (receive an NC grade) or I choose to take a G or I (incomplete) grade in a course, that too may result in a **debt** . . . so I should talk to OVS before doing so.	_____ Initial
OVS cannot certify the same course twice **unless** you failed it previously or otherwise received an unsatisfactory grade necessary towards degree progression.	_____ Initial
It is in my own best interest to communicate with my instructors, with my academic advisor and with OVS as soon as possible if/when I begin to encounter medical or behavioral-health struggles—as **all parties are committed to helping me**.	_____ 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

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	☐		