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

_____

SSN

_____

GENDER (OPTIONAL)

☐ MALE ☐ FEMALE

DATE OF BIRTH

_____

VA EDUCATION BENEFIT

Post 9/11, Chapter 33 _____% ☐
GI Bill Active Duty, Chapter 30 ☐
Vocational Rehabilitation, Chapter 31 ☐

Dependent ☐ Spouse ☐
GI Bill Selected Reserve, Chapter 1606 ☐
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 _____

TERM (*Circle One*)	CALENDAR YEAR	CREDITS
FALL		

☐ Undergraduate ☐ Graduate ☐ Post-Baccalaureate
☐ Certificate only ☐ PHD ☐ Other _____

PROGRAM SCHOOL: _____

DECLARED MAJOR: _____

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

LAST DUTY STATION/RESERVE UNIT _____

BRANCH OF SERVICE _____

LAST PAY GRADE _____

FOR OFFICE USE

IN STATE ☐ **OUT OF STATE** ☐
YELLOW RIBBON ☐ **PITT GRANT** ☐
NOBE/COE ☐ **DD214** ☐
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_____