

Office of Financial Aid 450 Schoolhouse Road Johnstown, PA 15904 Phone: 814-269-7045 Phone: 800-881-5544 Fax: 814-269-7061 Email: upjaid@pitt.edu

2022-2023

PRIOR DEGREE/VERIFY ENROLLMENT FORM

To be eligible for Federal student aid, a student with a prior bachelor's degree must be enrolled in an academic program that leads to admission into a degree seeking or graduate program.

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Student Information						
Name:						
Last four digits of Social Security Number: Student ID:						
Student Academic Certification						
☐ I HAVE NOT completed a Bachelor's Degree (Proceed to Student Signature section)						
□ IHA	☐ I HAVE completed a Bachelor's Degree (Complete all sections of this form)					
Prior Degree Confirmation: List all degrees you have completed, the school from which you received the degree, and the date you graduated. Attach additional pages if necessary.						
Degree Re	eceived (ex. BS, BA, MS)	Name o	f School		Date Degree Received	
Name of program you are seeking to complete:						
Please indicate your reasoning for seeking additional educational training beyond a bachelor's degree (check all that apply):						
☐ Cha	Change careers Expand academic expertise					
☐ Tea	□ Teacher Certification Program □ Nursing Consortia Program at UPG or UPJ					
 □ Take prerequisite coursework to gain entry into a degree program. □ Degree Level (check which degree level you are pursuing): □ Undergraduate □ Graduate • Submit this form to your Advisor to complete the Advisor Certification section below. • List the prerequisite coursework required to enter your degree program (attach additional pages if needed). 						
_	Course Name	, , , , ,		Course Number	Number of Credits	
	Advisor Certification (To be completed by your advisor only if taking prerequisite coursework to gain entry into a degree program): I certify that is taking prerequisite courses to gain admission (Student Name)					
	into the program. Signing this form does not imply,					
	into the program. Signing this form does not imply, (Degree Program) guarantee, or assist with admission to this degree program. This form only aids in determining financial aid					
eligibility. Advisor Name (Printed): Advisor Signat Phone: College/Department:			nature:		Date:	
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Student Signature						
Student Signature					Date	