

**2019–2020****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.

**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**)
- 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 Received (ex. BS, BA, MS)	Name of School	Date Degree Received

Name of program you are seeking to complete: \_\_\_\_\_

Please indicate your reason for seeking additional educational training beyond a bachelor's degree (check all that apply):

- Pursuing a Second Bachelor's Degree       Teacher Certification Program
- Enrolling in prerequisite courses needed for admission into a Graduate Program. (You must supply a letter or printed material from the Graduate school you will be attending, outlining all required prerequisite courses. You must also supply our office with a copy of your scheduled classes at Pitt-Johnstown.)

Submit this form to your Advisor to complete the section below.

**Second Bachelor's Degree****Teacher Certification**

# of credits from 1st degree applied to 2nd degree		# of credits needed to complete Teacher Certification	
# of credits remaining to receive 2nd degree		Anticipated Graduation Date	
Anticipated Graduation Date			

**Advisor Certification** (To be completed by your advisor): *I certify that this student is taking prerequisite courses to gain eligibility into a graduate program, pursuing a second degree, or completing a teacher certification.*

Advisor Name (Printed): \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

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