

University of Pittsburgh at Johnstown

Office of the Registrar, 279 Blackington Hall
450 Schoolhouse Road, Johnstown, PA 15904
Phone (814) 269-7055 Fax (814) 269-7068

Veteran's Statistical Data Sheet

Name _____

Chapter _____

Student ID _____

VA File Number _____

(If benefits are transferred from a family member)

Address _____

Degree Information

(Check all that apply)

SSN (Last 4 digits) _____

[] Bachelor of Science [] BSMET

Phone _____

[] Bachelor of Arts [] BSCET

E-mail _____

[] Associate of Science [] BSEET

[] BSCPET

Major _____

Expected Date of Graduation _____

Changes: [] Name/Address [] Major [] Schedule

Student Status: [] New [] Transfer [] Returning

Are you the service person? [] Yes [] No

Are you eligible for tuition assistance, EAP, or other funding? [] No [] Yes Please Specify _____

Table with 5 columns: Year, Term, Length, Beginning/End Dates of Term, Credits. Rows include Fall Term, Spring Term, Summer Term, and Summer Sessions 1 and 2.

READ AND INITIAL BESIDE EACH STATEMENT. SIGN AND DATE BOTTOM OF FORM.

I understand that it is my responsibility to submit this form each semester (to the Office of the Registrar) that I want enrollment submitted to the VA for certification.

X _____

I understand that it is my responsibility to report any status changes (including add/drop, G or W grades, address change, change of major or school, or any other changes that may affect my entitlement to G.I. Bill benefits).

X _____

I, the undersigned, certify that the above statements are true and correct. I have read and understand my responsibilities as outlined above. I will report any and all status changes to the Registrar's Office as soon as they occur.

Signature _____

Date _____