Office of Financial Aid
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Greensburg, PA 15601
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UNIVERSITY OF Pittsburgh

2023–2024 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 reasoning for seeking additional educational training beyond a bachelor's degree (check all that apply):

❏ Change careers   ❏ Expand academic expertise

❏ 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 only if taking prerequisite coursework.
· 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,
            (Degree Program)
guarantee, or assist with admission to this degree program. This form only aids in determining financial aid eligibility.

Advisor Name (Printed): _____ Advisor Signature: _____ Date: _____

Phone:_____ College/Department:_____

Student Signature

_____
Student Signature   Date