University of Pittsburgh

Financial Aid Wellness Center
130 Thackeray Hall
139 University Place
Pittsburgh, PA 15260-6601
Phone: 412-624-7488
Fax: 412-624-1297
Email: finaid@pitt.edu

2020–2021 INFORMATION UPDATE

Section 1: Student Information

Student Name:_____ Student ID Number:_____

Section 2: Housing Status and Enrollment Information

Please indicate your intended housing and enrollment status for both the fall and spring semesters.

Fall 2020	Spring 2021
❑ University Housing	❑ University Housing
❑ Commuter (living with parent/relative)	❑ Commuter (living with parent/relative)
❑ Off-Campus* (living in own apartment/home)	❑ Off-Campus* (living in own apartment/home)
❑ 12+ credits	❑ 12+ credits
❑ 6–11 credits	❑ 6–11 credits
❑ 5 or less credits	❑ 5 or less credits
❑ Not enrolled	❑ Not enrolled

Expected graduation date: ❑ December ❑ April ❑ June ❑ August Year_____

Section 3: Additional Funding

Are you a dependent or spouse of a University of Pittsburgh employee? ❑ Yes ❑ No

Are you a dependent or spouse of a UPMC employee? ❑ Yes ❑ No

Does your employer reimburse all or a percentage of your tuition? ❑ Yes ❑ No
(Please provide an estimated amount in the grid below)

If you are the recipient of a scholarship or grant from a source outside of the University of Pittsburgh for the 2020-2021 academic year, please indicate the source and the amount below. This includes private scholarships, OVR, EAP, and tuition reimbursements from any employer. Attach additional sheet, if necessary.

Source	Amount	Check Term/Year
		❑ Fall Only ❑ Spring Only ❑ Full Year
		❑ Fall Only ❑ Spring Only ❑ Full Year
		❑ Fall Only ❑ Spring Only ❑ Full Year
		❑ Fall Only ❑ Spring Only ❑ Full Year

If you are receiving funding from an outside source, will the funding be issued directly to you the student? ❑ Yes ❑ No

Section 4: Student Certification

❑ I will not attend the University of Pittsburgh during the 2020–21 academic year.

❑ Adjust Aid:

Type of Aid_____ From $_____ to $_____ ❑ Fall only ❑ Spring only ❑ Academic Year____

Type of Aid_____ From $_____ to $_____ ❑ Fall only ❑ Spring only ❑ Academic Year____

Type of Aid_____ From $_____ to $_____ ❑ Fall only ❑ Spring only ❑ Academic Year____

By Signing below:

- I certify that all of the information provided on this financial aid acceptance form is true and complete to the best of my knowledge. If I purposely give false or misleading information, the Financial Aid Office has the right to cancel my financial aid or to file a complaint with the U.S. Department of Education's Ombudsman or University of Pittsburgh's Judicial Affairs Office.
- I attest that I will use my financial aid and/or any refund of my financial aid for my educational-related expenses.
- I understand that if my financial aid does not satisfy my balance due, I am responsible for the payment of the remaining debt.
- I am aware that I must immediately notify the Financial Aid Office in writing of both the source and the amount of any outside funding that I receive, and I understand that such awards may reduce my initial financial aid package.
- I acknowledge that the Financial Aid Office has the right, at any time, to reduce or cancel awards which I am no longer eligible to receive or resolve awards in excess of need or the established cost of attendance.

_____

Student Signature Date