Financial Aid Application Supplement (FAAS) for the 2014-15 School Year

The Financial Aid Application Supplement (FAAS) is a required document used by the Office of Admissions and Financial Aid to process financial aid applications for graduate and professional school students for Stafford and other alternative educational loans.

Graduate and professional school students, are strongly encouraged to complete this form and return it to the Office of Admissions and Financial Aid no later than June 1, 2014.

INSTRUCTIONS FOR COMPLETING THE FAAS:

Please answer every question. If your answer to any question is zero, indicate 0. If a particular question does not apply to you, answer N/A. If questions are unanswered, the FAAS will be returned to you. This will delay the processing of your financial aid application and will affect the date that your application is considered complete.

If any of the information you submit on the FAAS changes after you have returned it to the Office of Admissions and Financial Aid, it is your responsibility to update the FAAS to ensure accurate processing of your financial aid application. Corrected information should be provided to the Office in writing.

- **Questions 1, 2, and 3**: Print your full first and last names, your Pitt Student ID Number, if known, and the last four digits of your Social Security Number.

- **Question 4**: Please indicate the number of credits for which you intend to enroll for both the fall and spring terms of the 2014-15 academic year.

- **Question 5**: If you have been awarded financial aid from a source outside the University of Pittsburgh, it must be reported. Indicate both the name of the scholarship or grant and the dollar amount of the award for the 2014-15 school year. Do not include financial aid for which you have applied if you have not yet received an actual award. Assistance from your graduate department or school department should be entered in Question 6.

- **Question 6**: You are responsible for having this section completed by the designated school representative from the graduate or professional school in which you are enrolled. Requested signatures must be provided. **If any of this information changes after you submit your FAAS to our Office, you are responsible to report the corrections in writing to the Office of Admissions and Financial Aid.** It is critical that information concerning grant and scholarship assistance awarded you be accurate.

- **Question 7**: Requested signatures must be provided. **The FAAS must be signed by the student AND Graduate School Representative. Unsigned forms will be returned to the student.**
1. **Student Name**
   Last: ____________________________  First: ____________________________  M.I.: ____________________________

2. **Pitt Student ID Number**
   [X] [X] [X] [X] [X] [X]

3. **Student Social Security Number**
   [X] [X] [X] [X] [X] [X] [X] [X] (last four digits)

4. **Anticipated Enrollment**
   Please indicate the number of credits you plan to enroll for during each term of the 2014-15 academic year. Assume three credits per class if you do not know the exact number of credits for which you will enroll.

   **FALL**
   - 9 or more credits (Full time enrollment)
   - 4.5-8 credits (Half time)
   - 4 or fewer credits (Less than half time)
   - Will not enroll

   **SPRING**
   - 9 or more credits (Full time enrollment)
   - 4.5-8 credits (Half time)
   - 4 or fewer credits (Less than half time)
   - Will not enroll

5. **Student and Spouse Certification**
   I certify that all of the information on this form is true and complete to the best of my knowledge.

6. **TO BE COMPLETED/SIGNED BY GRADUATE/PROFESSIONAL SCHOOL DESIGNATED REPRESENTATIVE**

   A. **School**

   B. **Other aid received/to be received for the 2014-15 school year:**

       Grant and Scholarship Assistance awarded by school
       including tuition remission, other gifts, endowments, etc.

       **Fall (2151)**  **Spring (2154)**
       $ ________  $ ________

   C. I certify that the information reported here is correct as of the date of my signature.

   Signature / Title of designated graduate or professional school representative: ____________________________
   Date: ____________________________

7. **Student and Spouse Certification**
   I certify that all of the information on this form is true and complete to the best of my knowledge.

   **Student's Signature**
   ____________________________  **Date**
   Month  Day  Year

   **Spouse's Signature**
   ____________________________  **Date**
   Month  Day  Year