

Employee Tuition Savings Acknowledgement and Release

Effective Date: 4/2/2024

Applicant/Student Information (Required)

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Identifier (Date of Birth or Student ID): _____ Employer: _____

Academic Program: _____ Estimated Start Date (if applicable): _____

Admissibility Acknowledgment (Required)

For Applicant/Student

I, certify by endorsing this form that I am eligible for the Employee Tuition Savings (“ETS”) and have been approved by my Employer above to receive the maximum tuition assistance amount per year of \$ _____, which qualifies me as eligible for ETS starting on _____ (date).

This document is intended to inform the student (“you”) of certain important conditions of the Employee Tuition Savings (“ETS”) offered to you by your Employer and the University of Arizona Global Campus. If you choose to participate in ETS, your signature on this form acknowledges your agreement with all the terms and conditions of ETS. THIS DOCUMENT IS LEGALLY BINDING SO PLEASE READ IT CAREFULLY AND ENTIRELY. You must execute this Acknowledgement and all other required ETS documents before enrollment and participating in ETS.

Please note: UAGC may modify this Acknowledgment at any time in its sole discretion and UAGC will notify of any such modifications in writing. Contact your advisor if you have any questions.

The ETS program is funded by both the employer and UAGC. It is the student’s responsibility to adhere to all employer tuition assistance policies and procedures to ensure full tuition assistance is received from their employer. This savings program is intended to help students minimize educational loan debt by funding a recipient’s tuition costs not immediately covered by their employer’s reimbursement plan. Students are responsible for expenses that are not covered by the ETS.

The ETS Agreement between your Employer and UAGC will provide a 100% payment of your tuition costs associated with successfully completed courses in your program of study for any approved period, up to 12 consecutive months, referred to as an ETS Year. ETS funds up to ten (10) undergraduate or eight (8) master courses per ETS Year; however, UAGC does not guarantee that you will be able to take this maximum amount of coursework in any given ETS Year. Concurrent enrollment, defined as more than one class in each five (undergrad) or six (master) week period, is available for students to request with an additional cash payment for course tuition and fees.

To qualify for ETS, students must agree to the Credit Card Terms & Conditions below. Tuition payment, excluding fees, is due after each valid grade posting. If UAGC has not received payment, the student’s primary credit card on file will automatically be charged within one week not to exceed the employer’s contribution for the ETS year. Students can voluntarily make payment at any time prior to the auto charge date. If the full cost charge is declined for an auto payment; UAGC reserves the right to charge in increments on a daily basis until the employer’s contribution is met.

Credit Card Terms & Conditions (Required)

For Applicant/Student

Please review the following:

1. Tuition payment on courses will be due after each course grade posting. If UAGC has not received payment for the course, my credit card will be automatically charged one week after each valid course grade posts for tuition not to exceed the employer's contribution for the ETS year.
2. If the full cost charge is declined for an auto payment; UAGC reserves the right to charge in increments on a daily basis until the employer's contribution is met.
3. It is my responsibility to adhere to all of my employer's tuition assistance policies and procedures. If at any point the credit card on file is declined, and payment is not received within 10 business days, I will be withdrawn from the ETS program and I will remain responsible for any outstanding payments.
4. I understand I must input and maintain a valid credit/debit card information in the Student Portal in the Finance area prior to attending the first course in the ETS year.
5. I authorize the primary credit/debit card on file to be automatically charged within one week of each valid course grade posting, if the University has not received payment for the course.
6. I understand that it is my responsibility to ensure that I have sufficient funds in the account to avoid overdraft fees.
7. I understand that the University will not be held liable for any institutional and/or bank fees assessed for insufficient funds.
8. I understand that endorsed debit cards may also have daily limits that cannot be exceeded and ensure that any payments on endorsed debit cards will not exceed these limits or communicate with my bank to ensure an exception to these limits. The University will accept Visa and MasterCard debit cards.
9. I understand that there may be differences in fraud protection features of debit cards and credit cards, particularly because debit card purchases are withdrawn directly from a checking or savings account. It is my responsibility to be aware of these differences prior to submitting this information as part of my payment option plan.
10. I agree to always provide valid and accurate credit/debit card information in the University Student Portal and understand that if I do not keep my valid credit/debit card information updated in the University Student Portal, my enrollment in ETS may be placed on hold.
11. I understand that the terms and conditions of this agreement are not contingent upon reimbursement by my employer, or any other condition.

By signing this Credit Card Terms and Conditions Section, I have accepted and agreed to the terms listed above. I accept and agree that I am eligible for my employer's tuition assistance program and the ETS program. I authorize UAGC to charge the primary credit/debit card in my file or accept another form of payment according to the terms and conditions.

Student Signature: _____ Date: _____

Eligibility Requirements

Students will receive the benefits outlined in the Employee Tuition Savings Agreement between UAGC and the Employer after meeting all the requirements outlined below:

1. Be currently employed by the Employer, or by an employer whose tuition assistance benefit is administered by the Employer, at the time of application to UAGC and maintain that employment during the time covered by ETS.
2. Apply and be accepted into an Employer approved program of study at UAGC.
3. Print, sign, date, and submit a copy of this Agreement (this form) and all other required supporting documents with your application for admission.
4. Submit on an annual basis renewed confirmation of employer provided funding at the start of each ETS Year.

Any of the following circumstances may result in the loss of ETS benefit eligibility:

- a. Loss of employment with Employer
- b. Failure to meet Employer's requirements
- c. Failure to maintain a valid credit card to be charged for course with valid grade up to employer contribution
- d. Failure to submit documentation of tuition assistance eligibility

- Students must submit all required forms to their assigned advisor for verification at least seven (7) days prior to the start of class in applicable ETS year.
- e. Withdrawal/dismissal from UAGC
- f. Break in enrollment greater than 14 days without an approved Academic Leave Request
- g. Failure to meet Satisfactory Academic Progress during the course of the program or violating UAGC policies outlined in the [UAGC Academic Catalog](#)
- h. Successfully complete degree program (continuation will require a new application).

I understand that the intent of ETS is to prevent me from having any direct education-related costs. In order to receive the full benefit of this program, I understand that it is my responsibility to adhere to all employer tuition assistance policies and procedures to ensure full tuition assistance is received from my employer.

Furthermore, I understand that this Agreement includes the terms from UAGC and my responsibilities to maintain ETS eligibility, even if my employer's tuition reimbursement form contains terms that are different. I also understand that I am financially responsible for any and all charges incurred outside of the ETS period in the event that I cease to be eligible. Loss of eligibility will be effective at the end of the student's current course once UAGC is notified or aware of the student's loss of eligibility. As an ETS recipient, you must comply with the terms set forth in your enrollment agreement, ETS eligibility forms, and all applicable UAGC policies.

Authorization to Release Student Records to Employer (Required)

The Family Educational Rights and Privacy Act of 1974 (FERPA) protects and grants certain rights to students concerning the privacy of and access to their student records and information. In accordance with FERPA, UAGC will only disclose such records and information to third parties if you have provided written consent to do so. To administer ETS, UAGC needs to share certain information about you with your Employer and any third-party representatives authorized by your Employer.

By initialing below, I acknowledge and agree to the following:

1. I authorize and provide consent for UAGC to share and communicate, both verbally and in writing, my student records and information with my Employer, as specified above, and its authorized third-party representatives for purposes related to ETS.
2. I authorize and provide consent for UAGC to share and communicate, both verbally and in writing, my student records and information with third parties if required to do so by applicable law or regulation.
3. Specifically, the records and information UAGC may share shall include: (a) personal information such as full name, student ID, and contact information; (b) financial and billing information such as account statements, account balances, payments, and loan information; and (c) academic information such as enrollment status, GPA, course names, and grades received.
4. I understand that I have the right to inspect any student records or information released in accordance with this authorization and release.
5. I understand that this authorization and release remains in effect until I revoke such authorization and release in writing and the written revocation is signed and submitted to UAGC. The revocation shall not affect any disclosures previously made by UAGC prior to the receipt and processing of such revocation by UAGC.
6. I understand that revoking this authorization and release may affect my ability to continue to participate in ETS and shall be determined by UAGC in its sole discretion.
7. I agree to hold UAGC harmless from any and all liability for the release of my student records and information to any third parties in accordance with this authorization and release or as later requested by me in writing.

INITIALS _____

Acknowledgment and Signature

I, the above-named individual, by signing below, acknowledge, confirm, and certify that:

1. I have read this Acknowledgment carefully and entirely;
2. The information provided on this Acknowledgment is complete and accurate;
3. I am eligible for ETS based on the eligibility requirements specified herein;
4. I am approved to receive the annual Employer tuition assistance amount from my Employer, as specified above, for my current ETS Year;
5. I understand that my employer may have requirements that I must abide by in order to continue to receive my ETS benefits.
6. I understand that if I fail to meet the requirements for ETS, then I will personally be responsible for the tuition related costs.
7. I am solely responsible for any and all costs and expenses incurred that are not covered by ETS for my current ETS Year; and
8. I shall abide by this Acknowledgment and all other required ETS documents, any other agreements made by and between UAGC and I, and all of UAGC policies outlined in the UAGC Academic Catalog, specifically the Employee Tuition Savings Policy.

Student Signature: _____ Date: _____

Representative Acknowledgement
(Not required if employer's confirmation of funding is provided)

Student Name: _____ Student Identifier (Student ID or DOB): _____

_____ (employer name) authorizes the above employee as eligible for ETS. The maximum dollar amount of \$ _____, is available to the student starting on _____ (date) as long as student (1) continues to meet Employer's eligibility requirements, (2) has not yet completed her or his degree (continuation will require a new application), and (3) does not elect to discontinue participation in ETS.

I certify that, I am a representative of _____ (company name) authorized to complete this Agreement, and that the above information is accurate; I understand and agree to the roles and responsibilities outlined in the Employee Tuition Savings Agreement.

Signature (Authorized representative): _____ Date: _____

Print Name: _____ Title: _____

Second Signature (Authorized representative): _____ Date: _____

Print Name: _____ Title: _____