

UTAH STATE TUITION ASSISTANCE (STA) AGREEMENT AND PROGRESS FORM

I. PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting false or fictitious information or a fraudulent application and for requesting Utah State funding not authorized in the Utah State Tuition Assistance Standard Operating Procedures.

II. MEMBER INFORMATION

NAME (LAST, FIRST M.I.)	SIGNATURE	SSAN	Component (circle one)	Unit
			Army Air Force	

III. MEMBER ACKNOWLEDGEMENT AND AGREEMENT

(Please initial to signify acceptance)

1. _____ I have submitted (or will submit with this agreement form) a Statement of Understanding for the current STA year.
2. _____ I authorize STA administrators to forward approved STA applications and associated forms to my non-military email address.
3. _____ I am eligible for State Tuition Assistance and have attended an STA briefing.
4. _____ My current Expiration Term of Service (ETS) / Date of Separation is _____.
5. _____ The use of the requested STA funding is for a course (or courses) required for the completion of my stated degree plan.
6. _____ I understand that my existing / current enlistment contract will extend to (or beyond) the last date of course enrollment.
7. _____ I understand that I must submit my STA request no less than three weeks prior to the class start date.
8. _____ I understand that I must, upon request, provide the Utah National Guard Education Office proof of course tuition and fees associated with the STA application.
9. _____ I agree that no changes will be made to the tuition or fees without the approval of the State Education Office; otherwise I will pay the difference to the school. Furthermore, I agree to submit any changes to my approved STA within 30 days of the class start date.
10. _____ I understand that I cannot use STA funding for classes previously taken and funded through State Tuition Assistance.
11. _____ I agree that I will reimburse the Utah National Guard the total cost for non-completions, incomplete courses, withdrawals, or unsatisfactory grades due to reasons within my control.
12. _____ I will provide the State Education Office with proof of my grade report (a final copy of this agreement form) within 30 days of completion of the class. Further STA funding will not be approved without proof of grades.

_____ Member Signature

_____ Date

IV. SCHOOL / ACADEMIC COUNSELOR ENDORSEMENT OF EDUCATIONAL GOALS AND APPROVED COURSEWORK

(TO BE COMPLETED PRIOR TO STA APPROVAL)

I certify that the student has been accepted to this educational institution, and has a documented academic goal and/or degree plan on file. The requested coursework meets the student's academic goal and/or degree plan and I certify that the student has at least a 2.0 Grade Point Average (undergraduate) or 3.0 Grade Point Average (graduate).

Name of Educational Institution: _____

School / Academic Counselor Name: _____

School / Academic Counselor Phone: _____

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School / Academic Counselor Designee Signature

Date

V. SCHOOL / ACADEMIC COUNSELOR CERTIFICATION OF GRADES

(TO BE COMPLETED AFTER COURSES/CLASSES HAVE BEEN COMPLETED. A COPY OF THIS FORM MUST BE PROVIDED TO THE STATE EDUCATION OFFICE WITHIN 30 DAYS OF COURSE/CLASS COMPLETION).

(Circle One) I certify that the student HAS / HAS NOT received a passing grade (grade letter "D" or higher) for the courses / classes approved in the State Tuition Assistance form and the member has at least an overall 2.0 Grade Point Average (undergraduate) or 3.0 Grade Point Average (graduate).

- Please complete the following if the student has **not** received a passing grade (or complete a course/class):
 - Course/Class _____ Grade: _____ (e.g. "W", "F", "I")
 - Course/Class _____ Grade: _____ (e.g. "W", "F", "I")
 - Course/Class _____ Grade: _____ (e.g. "W", "F", "I")
 - Course/Class _____ Grade: _____ (e.g. "W", "F", "I")

The student has completed _____% towards his/her degree plan or academic goal.

School / Academic Counselor Name: _____

School / Academic Counselor Designee Signature

Date