

# Corporate Tuition Benefit Request

Effective: 4/22/2025

## Submission Instructions

Before completing this form, please contact an advisor to determine which types of benefits you are eligible for, and which benefit you would like to receive. Benefit options vary by organization. Students are only eligible to receive one type of benefit at a time.

Eligible students who successfully apply to and are approved into the Corporate Tuition Benefit (CTB) program will receive a reduced tuition rate, as outlined between UAGC and the Participating Employer, Participating Organization, or Participating Association. To receive these benefits, you must meet the requirements, complete the information below, and submit paperwork for approval.

**To apply for the CTB Program, sign, date, and submit a copy of this form with your proof of eligibility to:**

**A. New students:** Submit to your Admission Specialist along with your admissions application.

**B. Current students:** Submit to [BenefitEligibility@uagc.edu](mailto:BenefitEligibility@uagc.edu)

## Student Information

Student Name: \_\_\_\_\_ Student ID/Date of Birth: \_\_\_\_\_

State of Residence: \_\_\_\_\_ Country: \_\_\_\_\_

Organization Name: \_\_\_\_\_

## Corporate Tuition Benefit (CTB) Type Selection: Please select only one of the three options below.

☐ I would like to receive Corporate Tuition Benefits through my employer.

- **Employees:** Must be currently employed by Participating Organization at the time of submission.
  - Copy of a paycheck stub from the Participating Employer issued within the last 90 days; OR
  - An email from the student, human resources department, or supervisor with an officially issued email account of the Participating Employer stating: the student's name, indication of an active employee/member status of the Participating Employer, and confirmation from the supervisor, you are eligible to receive the benefits outlined in the agreement between UAGC and your employer; OR
  - Direct Bill voucher or letter of credit from the participating Employer.

☐ I would like to receive Corporate Tuition Benefits through my Immediate Family Member ("Sponsor Employee").

- **Immediate Family Member of Employees:** Immediate Family is defined as: spouse (husband, wife, or domestic partner) and children (biological, step-children, adopted, and/or foster children). Sponsor Employee must be currently employed by the Participating Organization at the time of submission.

Sponsor Employee Name: \_\_\_\_\_

Sponsor Employee Title: \_\_\_\_\_

- Email from your Sponsor Employee from an officially issued email account of the Participating Employer. The subject line must read "New Immediate Family Member Savings Eligibility." The body must state the Sponsor Employee's name, family member's name, and the family member's relationship to the employee; OR
- Copy of the Sponsor Employee's paycheck stub from the Participating Employer issued within the last 90 days along with a statement from the Sponsor Employee containing the employer name, Sponsor Employee's name, family member's name, and the family member's relationship to the employee.

☐ I would like to receive Corporate Tuition Benefits through my Association.

- **Members of Associations:** Must be an active member of the Participating Association at the time of submitting Benefit Eligibility documentation.
  - Copy of a valid membership ID card from the Participating Organization; OR
  - Alternate membership documentation as directed by UAGC

**NOTE:** The University of Arizona Global Campus reserves the right to request additional documentation above and beyond what is listed in this form, in order to verify eligibility at any time.

Any of the following circumstances will result in removal of CTB. If you are removed from CTB for one of the reasons below, new paperwork will need to be submitted at time of re-enrollment to have your CTB reinstated.

- A. Withdrawal/dismissal from UAGC;
- B. Break in enrollment of greater than 14 days without an approved Academic Leave Request.

If removed from CTB, you may retain eligibility for your benefits under the College Continuation Benefit. You will not be eligible for any increase of CTB unless you re-certify your corporate affiliation.

### Authorization to Release Student Records to Employer (Required)

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, UAGC will only disclose confidential information from the education records of students to third parties provided UAGC has written consent from the student on file. Signing this form will serve as consent for UAGC to release your education records to your Employer and any third-party representative authorized by your Employer. To administer the CTB, UAGC must share certain information about you with your Employer and any third-party representatives authorized by your Employer.

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

1. I consent and authorize UAGC to share and communicate, verbally and in writing, my student records and information with my Employer, as specified above, and third parties if required to do so by applicable law or regulation and for purposes related to CTB. 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, balances, payments, and loan information
  - c. Academic information such as enrollment status, GPA, course names, and grades received
2. I understand that I have the right to inspect any student records or information released under this authorization and release.
3. I understand that this authorization and release will remain in effect until I revoke it in writing and the written revocation is signed and submitted to UAGC. The revocation shall not affect any disclosures previously made by UAGC before receiving and processing the revocation.
4. I understand that revoking this authorization and release may affect my ability to continue participating in CTB as determined by UAGC at its sole discretion.
5. I agree to hold UAGC harmless from all liability for releasing my student records and information to any third parties per this authorization and release or as later requested by me in writing.

### Student Acknowledgement

For questions concerning clarification of the process outlined above, please contact your UAGC advisor.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Student Name: \_\_\_\_\_ Date: \_\_\_\_\_