

Shared Tuition Savings Annual Proof of Eligibility and Reconfirmation of Benefits

Effective Date: 12/1/2020

Student Name: _____

Student Identifier (Global Campus Student ID or DOB): _____

Employer Name: _____

Annual Employer Tuition Assistance Amount: \$ _____ Date Available: _____

The above-named entity ("Employer") confirms that the above-named individual ("Student") is eligible for the University of Arizona Global Campus Shared Tuition Savings program ("STS"). This form will be help qualify a student's eligibility for the STS program. Employer further confirms that above-specified annual Employer Tuition Reimbursement amount is available to Student starting on the above-specified date and for the 12 months following such date ("STS Year") so long as Student, in their current STS Year: (1) satisfies, and continues to satisfy, Employer's tuition benefit qualifications, requirements, and procedures; (2) has not yet completed their degree (enrollment in a new degree program requires a new application); and (3) does not elect to withdraw and is not removed by Global Campus from STS.

The undersigned individual certifies that: (1) they are representative of Employer; (2) they are authorized to complete and execute this Employer Acknowledgment and Confirmation; and (3) the information provided above is complete and accurate.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Second Authorized Representative (if applicable)

Signature: _____ Date: _____

Print Name: _____ Title: _____