

eARMYU

**STATEMENT OF UNDERSTANDING FOR ARMY TUITION ASSISTANCE**

**Rock Island Arsenal Army Education Center**

**Privacy Act Statement**

**Authority:** Title 10, USC Section 3013, 3022, AR 621-5. **Principle Purpose:** Consent required to process tuition assistance applications and continued program participation. **Routine Uses:** The application and information on it are used to determine eligibility for tuition assistance and for management reports, and payments under the tuition assistance program generally. Demographic information furnished may also be extracted for statistical analysis purposes. Information may be disclosed to DOD officials or employees needing the information to perform their duties and to federal, state, local, or educational institution officials as required to comply with program requirements. **Disclosure:** Voluntary. Disclosure of SSN and other Privacy Act protected information is voluntary; however, refusal to correctly supply the information will result in the Applicant's tuition assistance application being delayed or rejected until the missing information is provided.

**1. BASIC TUITION ASSISTANCE (TA):**

A. I understand that the Army will pay 100 percent of my tuition costs or fees (not to exceed the established cap of \$250 per S.H. and \$4500 of DA Tuition Assistance per Fiscal Year.) if I am on full-time active duty.

B. I understand that TA is authorized on a course-by-course basis and that no changes will be made in the courses or dollar amounts for which TA is approved without approval of issuing education center \_\_\_\_ (Initial) Any additional agreements between the educational institution and me are not binding to the Army and I will have to pay the difference to the Army and/or school.

C. I understand that the use of TA is for a course or courses required for the completion of my approved educational plan.

**2. ELIGIBILITY:**

A. I understand that TA is authorized for active duty soldiers, which includes enlisted soldiers of the Army Reserve and Army National Guard on full-time active duty pursuant to Title 10 or Title 32.

B. I understand that TA is not authorized for repeated courses, or for courses that lead to a lower or lateral postsecondary credential (except for the New Careers in Education Program)

C. I am not a Selected Reserve Officer or Warrant Officer on active duty for training or special duty.

D. I am not attending schooling under provisions of AR 621-1 (Fully Funded Officer Education Program, (excluding Training with Industry), Degree Completion Program, Cooperative Degree Program, Advanced Degree Program and Short Courses Training).

E. I am not flagged under provisions of Para 1-12, AR 600-8-2.

F. I have not received approval for voluntary separation under VSI or SSB programs.

**3. TIME CONDITIONS:**

If eligible, as determined by Para 2a-f above, I affirm that I have the retainability at this station to complete the course(s) as stated on the DA Form 2171, Request for Tuition Assistance, and I do not expect to be involuntarily separated. If notified of involuntary separation, I will notify the education center from which I received the TA.

**4. WITHDRAWAL/RECOUPMENT OF TA:**

A. I will reimburse the Army the TA received if I withdraw from, or fail to complete a course for academic or personal reasons (includes receipt of "F" for nonattendance; failure to remove an INCOMPLETE grade within the time stipulated by the school, or 120 days, whichever comes first; or required withdrawal is due to official separation, confinement or similar administrative action by my Commander for disciplinary or fraudulent causes). Reimbursement for failures may be waived if extenuating circumstances prevent successful completion (i.e., death of a family member, illness/hospitalization, etc.). I authorize the amount of TA paid for me to be withdrawn from my pay after fourteen days past the date grades are reported by the college, unless it is determined that my withdrawal or failure to complete the course's) was due to circumstances beyond my control.

B. I understand that I will not have to reimburse the Army if I withdraw for reasons beyond my control as certified by my Commander (i.e., emergency leave). **REGARDLESS OF THE REASON, I WILL ADVISE THE EDUCATION CENTER OF ANY INTENT TO WITHDRAW FROM A COURSE FOR WHICH I AM RECEIVING TA. \_\_\_\_ (initial)**

**5. DUPLICATION OF BENEFITS:**

I understand that TA is not authorized for any course for which I am receiving reimbursement in whole or in part under any other provision of the law where payment would constitute a duplication of U.S. Government benefits.

**I AGREE TO THE ABOVE CONDITIONS FOR THE USE OF TUITION ASSISTANCE AS VERIFIED BY MY SIGNATURE BELOW.**

Soldier's Printed Name and SSN \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commander's Signature

\_\_\_\_\_  
Date

Please return signed form to:  
RIA Army Education Center  
FAX # (309) 782-1841