

Employee Tuition Affordability Program (UTA-ETAP) Request

▶ *Employees should use this form each semester to request financial assistance through UTA-ETAP.*

Overview

Instructions

▶ *Employees should initiate the form and follow these steps:*

1. Review the [UTA-ETAP Policy](#).
2. Complete [Section 1](#) and sign using a digital signature.
3. Attach the form to an email. Send it to your supervisor so they may complete [Section 2](#).
4. Your supervisor will send the form to your vice president or dean so they may complete [Section 3](#).
5. Your leadership will email the completed form back to you.
6. Email the completed form to Financial Aid and Scholarships at schol@uta.edu with "UTA-ETAP" in the subject line.
7. Email the form no earlier than 8 weeks but no later than 15 business days before the start of the semester.

▶ *The entire process must be completed in Adobe Acrobat.*

Courses Pending Approval

- If your courses are pending approval or not yet determined, type "TBD" in Course Information in [Section 1](#).
- Follow the instructions to complete the form and obtain proper approvals by the application deadline.
- After you have registered and been charged for the courses, send the course information to Financial Aid and Scholarships at schol@uta.edu. They will add funds to match hours on actual registration/charges.

Resources

- Learn how to [use Adobe Acrobat](#) to complete this form.
- Learn how to [configure a Digital Signature](#) to sign this form.

Support

- Contact Benefits Services at benefits@uta.edu with questions regarding the form, participation, and eligibility.
- Contact Financial Aid and Scholarships at schol@uta.edu with questions about completed and submitted forms.
- Contact Student Accounts at studentfinancials@uta.edu with questions regarding your student account.

Section 1: Employee Request

▶ *Employees must complete all fields.*

Employee Name _____

Department _____ Email _____

Semester _____ Year _____ Employee ID (10-digit UTA ID #) _____

Degree Program (if applicable) _____

Number of Credit Hours Requested _____ I request to enroll in courses that occur during working hours.

Course Information ▶ *List course titles, day(s) of the week, and times. Type "TBD" if not yet available.*

I understand that I must be employed in good standing in a benefits-eligible position for a minimum of 6 consecutive months prior to August 1 for the fall semester, January 1 for the spring semester, and May 1 for the summer semester.

I understand that I must apply and be admitted to the University of Texas at Arlington as a student.

I understand and agree to remain employed by UTA for at least one full year after completion of a degree program or individual courses and I understand the full year begins the month after I complete the degree program or courses.

I understand that UTA-ETAP can be used for up to 6 credit hours per semester for full-time employees and up to 3 credit hours per semester for part-time employees for undergraduate, graduate, and Accelerated Online programs.

I understand that UTA-ETAP cannot be used for the Executive MBA program, Nursing Accelerated Online program, or Division of Enterprise Development courses or programs.

I understand that there is no minimum credit hour requirement and that degree programs or individual courses need not be job-related under UTA-ETAP. I understand that UTA-ETAP does not apply to auditing classes.

I understand I must achieve Satisfactory Academic Progress (SAP) for all credit hours requested under UTA-ETAP and meet GPA requirements or I will lose eligibility for the following semester if these requirements are not met.

I understand that I may attend classes that occur during working hours for up to 3 hours per week during fall, spring, and summer semesters with my supervisor's approval.

I understand that UTA-ETAP cannot be used for room and board charges, textbooks and supplies, transportation, personal costs, miscellaneous costs, parking costs, late fees or financing fees, travel expenses, or incidental items, including those required by the instructor (such as a calculator or specific software), or any other cost of instruction.

I understand I am responsible for payment of any fees and/or tuition not covered by UTA-ETAP, and that I must pay the full balance by the payment deadline.

I understand that any graduate fees or tuition benefits over \$5,250 annually are subject to the usual employment taxes and will be reported on Form W-2.

Employee Signature _____

Date _____

Section 2: Supervisor Approval

▶ *Supervisors must complete all fields.*

Supervisor Name _____ Email _____

Employee Eligibility Criteria

- The employee must be in an active non-probationary status.
- The employee must be employed in good standing in a benefits-eligible position for a minimum of 6 consecutive months prior to August 1 for the fall semester, January 1 for the spring semester, and May 1 for the summer semester.
- The employee must not have a temporary position, be employed at less than 20 hours per week and not a student worker.
- The employee must have received at least a satisfactory rating on their most recent performance evaluation, has not received a final written warning, is not on a performance improvement plan and/or is not on administrative leave.

Supervisor Verification

My employee meets the eligibility criteria.

My employee does not meet the eligibility criteria.

My employee is: Full-time (40 hours)

Part-time (20 -39 hours)

I approve I deny my employee's request to enroll in class(es) listed in [Section 1](#) that occur during working hours for up to 3 hours per week.

Supervisor Signature _____

Date _____

Section 3: Vice President or Dean Approval

▶ *Vice Presidents, deans, or equivalent-level leadership must complete all fields.*

VP or Dean Name _____ Email _____

I approve I deny this employee's request for UTA-ETAP this semester.

Reason for Denial

VP or Dean Signature _____

Date _____