

(MSW)

TITLE IV-E TUITION AGREEMENT MSW PROGRAM

Utah State University Form A

I, _____, hereby accept Title IV-E Tuition from the Utah State University, Master of Social Work (MSW) Program, in the amount of _____ for the _____ academic year which begins _____. I understand that I will receive this money in monthly installment payments each semester during the Fall _____ and Spring _____ semesters. I understand that if Federal Title IV-E monies to Utah State University are terminated for any reason while I am enrolled in the MSW program neither Utah State University nor the Division of Child and Family Services (DCFS) will be liable to make any further payments to me.

I understand this Tuition Agreement is supported from federal training funds provided to the Utah State University by the Utah Department of Human Services, Division of Child and Family Services, under Title IV-E legislation and regulations. This federal legislation provides funds for education and training of professional social workers in the field of child welfare.

By accepting this Tuition Agreement, I agree to the following conditions:

1. To maintain continuous enrollment in good standing in the MSW Program which includes Student Behavior, Student Academic Performance (3.00 grade point average or above), Student Academic Conduct, and Student Professional and Ethical Conduct as defined by Utah State University and the MSW Program.
2. To complete the Utah State University MSW Program.
3. I will maintain a satisfactory or above performance evaluation, complete all assigned work duties and maintain regular and predictable attendance. I will not be subject to corrective or disciplinary action.
4. Upon completion of the MSW degree requirements at Utah State University, I agree to continue employment with DCFS (24 months if I am employed full-time and 48 months if I am employed part-time) from the date Utah State University, certifies the requirements are completed (date on diploma).
5. In the event I fail to fulfill the academic or employment requirements listed in items #1-4 of the above stated conditions, I agree to return all monies I have received according to the following terms:
 - a. I agree to repay all monies received prior to leaving the Utah Division of Child and Family Services, at a pro-rated amount, to be determined by DHS/DCFS. I further agree that it is my responsibility to make arrangements with the Department of Human Services, within 30 days of the date I officially withdraw from the MSW Program or fail to complete the academic or employment requirements listed in items #1-3 of the above stated conditions, to repay these funds.

Student Signature

Date

Student Name (print or type)

Social Security Number

Student Information

Address _____

Phone _____

Contact Information (not living with you)

Name _____

Address _____

Phone _____

Relationship _____

On this ____ day of _____, 20____, before me _____, a notary public personally appeared _____ and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that (s)he executed the same.

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Notary Public

My Commission Expires:

APPROVAL:

Director, Utah State University, College of Social Work program

Date

Director, Division of Child and Family Services

Date