



DEPARTMENTS OF THE ARMY AND THE AIR FORCE

JOINT FORCES HEADQUARTERS
AKNG STATE EDUCATION OFFICE
PO BOX 5800

JOINT BASE ELMENDORF-RICHARDSON AK 99505-5800

JFHQ-J1/EDU

June 25, 2012

MEMORANDUM FOR Alaska National Guard & Alaska Naval Militia Members

SUBJECT: STATEMENT OF UNDERSTANDING (SOU) FOR use with Alaska National Guard University of Alaska Tuition Scholarship Program (**UASP**).

DISCLOSURE: Voluntary. However, failure to agree with the terms of the **UASP Statement of Understanding** will prevent financial assistance.

Student's Initials

- _____ 1. I am an Alaska National Guard or Alaska Naval Militia Service Member in good standing. (*Good standing is defined as no absences without leave (AWOL), unsatisfactory participation/unexcused drill periods within the 12 months prior to submission of UASP or TRP application.*)
- _____ 2. I will remain in an active drilling status through the end date of the course.
- _____ 3. My Estimated Time of Separation (ETS) date is after the date of course completion. (This is only applicable to Enlisted Service Members. Commissioned Officers must sign a Reserve Duty Service Obligation).
- _____ 4. I have completed Basic Combat Training (BCT) and Advanced Individual Training (AIT) or Basic Military Training (BMT) and Technical School, Officer Basic Course (OBC) or Academy of Military Science (AMS). If I am an Air National Guard (ANG) member, I have not exceeded 36 months in upgrade training nor exceeded 12 months for current CDC completion and, if applicable, I have attended the required three level technical schools within 12 months of retraining into a new AFSC.
- _____ 5. I have and will maintain a cumulative GPA of 2.0 or better. In the event I receive a GPA below 2.0, I know that I will be placed on academic probation by the University of Alaska and will be ineligible to receive future UASP for as long as my GPA remains below a 2.0.
- _____ 6. I will provide an official degree plan from University of Alaska within the stipulated timeframe and or completion of 9 semester hours (SHs), whichever is less before requesting additional UASP.
- _____ 7. Each semester I will provide an updated Degree Plan (Degree Works) to my servicing education office and the Alaska National Guard State Education Office in order to verify degree progression before being awarded further UASP benefit. If I do not meet degree completion requirements I can be put on academic probation as well by the University of Alaska thus disqualifying me for UASP benefit.

8. I will provide course grades within 45 days of completion. If starting a new semester immediately following a previously UASP awarded semester, I must submit grades at least 14 days in advance of semester start date in order to be considered for further UASP benefit.

9. I understand that as an Alaska National Guard or Alaska Naval Militia member I am only eligible for an award of up to 12 credit hours per semester based on available funding.

10. In the event I fail a course, the amount paid for the course will be recouped by the University of Alaska. Failing course grades are defined as an "F" or an "I" (Incomplete) that is not completed within 120 days. I understand that a failure of a course will result in suspension of UASP benefits if recouped courses have not been paid in advance of upcoming semester.

11. I AGREE TO THE ABOVE CONDITIONS OF THIS SOU FOR THE USE OF UASP AS VERIFIED BY MY SIGNATURE BELOW.

Service Member's Name, Grade	Last #4 SSN	Signature	Date
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12. COMMANDER'S AUTHORIZATION/VERIFICATION is required on a semester-basis. By signing this document the member's commander is agreeing to the terms of this UASP SOU.

This form serves to advise commanders of: 1) requirements of the University of Alaska State Tuition Program as stipulated in the **UASP Policy Letter** for their Service Member. 2) Conditions required for member's successful completion of educational goals to include the member's understanding of program requirements. 3) Agrees to support and monitor the member's educational pursuits in coordination with the Alaska National Guard State Education Office.

I AGREE TO THE ABOVE CONDITIONS AND REQUIREMENTS OF THIS SOU BY SIGNING THIS DOCUMENT VERIFYING ALL INFORMATION AS VALID AND QUALIFYING THE MEMBER FOR UASP BENEFIT.

Commander's Name & Rank	Signature	Date
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