STATEMENT OF UNDERSTANDING (SOU)

Please email form to sbsforms@utep.edu

Student Name: ___________________  UTEP email ___________________@miners.utep.edu

Student phone number: (______) ________________________________

Third Party Sponsor: __________________________________________

Student Responsibilities every Semester:
- Signing and submitting an (SOU) and sponsorship documentation by the payment due date.
- Ensuring your tuition and fees are paid by the payment due date.
- Checking your ebill statement through Pete’s Payment Options for the payment due date.
- Making alternate payment arrangements (e.g. full payment, payment plan, tuition loan), if Third Party documentation is not complete OR WILL NOT COVER TUITION & FEES AT 100%.
- Notifying SBS immediately of any class schedule changes so payment can be adjusted accordingly.
- Paying any additional charges occurring after Census Day.

Foreign Students:
- Third party payments will not be posted to your account until the health insurance premium (MEGA) is paid in full or the health insurance waiver is processed by Human Resource Services.

Third Party Billing Process:
- Invoices will be sent to Third Party sponsors based upon Census Day enrollment.
- Issues arising from changes made after census day are between you and your Third Party sponsor.
- If for any reason your Third Party sponsor does not make payment to UTEP within 60 days of invoicing, the unpaid amount will be charged back to your student account.

I understand that failure to submit an SOU by the payment due date could result in my course schedule being dropped for non-payment. Upon reinstatement I will be assessed a $200.00 reinstatement fee which is not covered under any Third Party sponsorship.

Student Signature: ___________________________  Date: ______________

FOR OFFICE USE ONLY

Staff Name ___________________  Date Stamp

Verified proof of Sponsorship:
FSL □  Sponsorship Letter □  Purchase Order/Voucher □  TX Tomorrow □

Texas Tomorrow ID number (if applicable) __________________________