Agreement to Remit Funds

All students (except international students) using approved accommodation services with Student Accessibility Services (SAS) must apply for provincial and federal grants to defray the costs of those services. To the extent that provincial and federal grants do not cover the full cost of approved accommodation services for a Canadian student, and the student demonstrates that best efforts were made to acquire the maximum grant funding available, the University’s normal practice is to assume responsibility for the balance of the cost of the approved accommodation service.

I, ____________________________, ______________________, First Name, Last Name U of A Student ID number

being eligible to apply for provincial and federal grants to defray the cost of accommodation services, hereby agree to pay the University of Alberta [Student Accessibility Services (SAS)], for the cost of service(s) provided to me during the academic year, as outlined in each Cost Outline of accessibility-related services.

I understand that:

☐ I am responsible for requesting, scheduling, and cancelling services using the correct forms and in accordance with deadlines and procedures related to the service outlined on the SAS website (http://aug.ualberta.ca/sas).

☐ The SAS service(s) provided to me will be tracked by SAS and I may ask to see an itemized list of services delivered.

☐ Charges apply to SAS service(s) that I request but do not use unless I provide adequate notice of cancellation as outlined on the SAS website.

☐ Failure to pay the University of Alberta (SAS) for the cost of services provided to me during the academic year may result in:

  • an encumbrance placed on my student account, which may result in the inability to register for courses, obtain transcripts or convocate (University of Alberta Calendar section 23.9.10) until:

    ✓ the outstanding balance has been remitted to SAS, or
    ✓ a written agreement, outlining a payment schedule between SAS and myself, has been developed and signed.
Payment to SAS will occur:

- Once I receive the Canada Access Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-SE) for which I am applying through the **Schedule 4 Form** as part of the Canada Student Loan Application. I agree to remit payment for SAS accommodation service costs to SAS within 30 days of billing notice.
- If, despite being eligible to apply for provincial and federal grants to defray the cost of accommodation services, I choose to use my own/personal financial resources to pay for service(s) provided by SAS, I agree to make full payment to SAS within 30 days of billing notice from SAS.

I further understand that:

- SAS will issue a receipt for funds remitted for equipment and services provided by SAS.
- I am required to submit receipts to Student Aid showing that grant monies I have received have been used for the intended purposes.
- After clearing all balances with SAS, I am responsible for returning any unused grant funding to Student Aid.
- If I fail to submit receipts to Student Aid showing that the grant monies I have received have been used for the intended purposes and/or if I fail to return any unused grant funding to Student Aid (the unaccounted-for funds), and, as a result, the amount of my grant funds for the following year are reduced by the amount of the unaccounted-for funds, I understand that, in the following year, I will be responsible for paying to the University of Alberta [SAS] the shortfall in funding created by the unaccounted-for funds. Failure to pay for the shortfall in funding will result in an encumbrance being placed on my student account or a suspension in services, as described above.
- I am responsible for securing and submitting receipts to Student Aid for accessibility-related equipment and services received from non-SAS service providers (e.g., tutors, parking, etc.).
- If I fail to seek grant funding where eligible, I will be personally responsible to pay SAS for the cost of accommodation services.

Student Signature: ________________________________  Date: ____________________

Witness Signature: ________________________________  Date: ____________________