Middle Georgia State University
School of Aviation Student Drug Testing Agreement

Student Name: _____ **MGA ID #:** _____

School of Aviation Program: _____

Middle Georgia State University ("MGA") maintains a drug- and alcohol-free learning environment. Due to the inherently dangerous and safety-sensitive nature of School of Aviation ("SoA") programs, compliance with the MGA Aviation Drug Testing Policy ("Policy") is a condition of eligibility for participation in covered SoA programs and activities. Capitalized terms used herein but not defined shall have the same definition as set forth in the Policy.

By signing this Agreement, I acknowledge and agree that:

1. **Compliance with Policy.** I have received or been provided access to the Aviation Drug Testing Policy and agree to comply with its requirements, including the prohibitions concerning Prohibited Substances and participation in Safety-Sensitive Activities while impaired.
2. **Drug and Alcohol Testing.** I agree to submit to all testing required under the Policy, including initial, random, reasonable suspicion, and post-accident or post-incident testing, as applicable. I understand that testing will be conducted through an MGA-approved third-party testing provider in accordance with MGA-approved procedures.
3. **Program Eligibility Consequences.** I understand that a Confirmed Positive Test, Refusal to Test, or Test Tampering will result in immediate program ineligibility as provided in the Policy and that subsequent violations following re-entry may result in permanent ineligibility from all SoA programs subject to the Policy.
4. **Interim Safety Restrictions.** I understand that the SoA may temporarily restrict my participation in Safety-Sensitive Activities while a test result or other alleged violation of the Policy is being resolved when reasonably necessary to protect health or safety.
5. **Appeal.** I understand that I may appeal a program eligibility determination in accordance with the process and deadlines established in the Policy.
6. **Re-entry.** If I become ineligible to participate in SoA programs, I understand that re-entry is not guaranteed and that I must satisfy the re-entry requirements established by the Policy, the SoA, and applicable MGA policies, including any required drug screening.

I understand that program ineligibility under the Policy is separate from suspension or expulsion from MGA and that conduct underlying an eligibility determination may also be addressed separately under the MGA Student Code of Conduct. I understand that program ineligibility may require changes to my course enrollment and may have related academic, financial aid, housing, or other consequences that are governed by applicable University policies. By signing below, I acknowledge that I have read and understand this Agreement and the Aviation Drug Testing Policy and agree to comply with their requirements.

Student Signature: _____ **Date:** _____

For Students Under Age 18

I am the parent or legal guardian of the student identified above. I acknowledge the drug and alcohol testing requirements applicable to the student's participation in the School of Aviation program and consent to the student's testing in accordance with the Aviation Drug Testing Policy.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ **Date:** _____