

STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

PART 1 APPLICATION: Please complete PART 1 ONLY. Forward to the Human Resources Office.

Disclosure of Social Security number is voluntary and is used in processing student applications for tuition assistance. Authority to solicit Social Security number has been established under Section 355 of the Education Law of the State of New York.

1. Applicant's Name _____ 2. Social Security Number _____

3. Campus Where Employed _____ 4. Payroll Title _____

5. Present Employment Status (Check one) Research Foundation Employee University Employee (State Payroll)

A. To be completed by University employees on State Payroll only.

Negotiating Unit: (Check one) 01 NYSCOPBA 02 Administration 03 Operational 04 Institutional

05 PEF 08 UUP 13 M/C Other _____

6. Highest Degree Earned _____ 7. Campus Where Course(s) Will Be Held _____

8. PLEASE DESCRIBE PROPOSED EDUCATIONAL PROGRAM (reasons for taking below listed courses)

9. LIST COURSES FOR WHICH APPROVAL IS REQUESTED BY THIS APPLICATION: (Approval of this request for SUNY tuition may justify a refund if tuition has already been paid. Laboratory and/or instructional fees may be included. College Fee, Student Activity Fee and other non-instructional fees are not allowed.)

Course Name(s)	Catalog Number	Semester and Year	Credit Hours	Cost of Each Course	% of Support Requested	Amount of SUNY Assistance Requested for Each Course (\$ Total)
1.						
2.						
3.						

10. I HEREBY APPLY FOR TUITION (AND FEE IF APPLICABLE) ASSISTANCE AS STATED ABOVE AND DECLARE MY INTENTION OF RETURNING TO MY PRESENT POSITION. I UNDERSTAND THAT I MUST SATISFACTORILY COMPLETE THESE COURSES TO BE ELIGIBLE FOR TUITION WAIVER.

Signature of Applicant _____
Date

PART II. To be completed by Human Resources

Complete Part II and

If instruction will be given at employing unit proceed with campus internal policy for Part III approval.

If instruction will be given at another SUNY unit, forward 3 copies to instructing unit.

11. AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chairman or Director)

Authorized Signature _____
Date

12. APPROVAL OF CHIEF ADMINISTRATIVE OFFICER:

Application approved for _____ % level of support for a total amount of \$ _____ to be waived

Application disapproved because _____

Authorized Signature _____
Date

PART III. INSTRUCTING CAMPUS (State-operated SUNY)

Complete Part III and forward 2 copies to employing campus

Application approved. Total Amount Waived \$ _____
(Itemize Charges Waived Below and Explain Amended Dollar Amounts #13)

Disapproved as submitted because _____

Authorized Signature _____
Date