|  |  |  |
| --- | --- | --- |
| C2004-583 (Rev.4/83) | a_img1 | STATE UNIVERSITY OF NEW YORK  **B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE** |

PART I APPLICATION: Please complete PART I ONLY. Forward 4 copies to the appropriate officer at the campus where you are employed. Retain the fifth copy for your records. (Separate application to be made for each semester.)

Disclosure of Social Security numbers 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 New York State.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Applicant's Name |  | 2. Social Security Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Campus Where Employed |  | 4. Payroll Title |  |

|  |
| --- |
| 5. Present Employment Status (check one)  Research Foundation Community College Employee  University Employee (State Payroll) |

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

|  |  |
| --- | --- |
| Negotiating Unit: (Check one)  01 Security  02 Administrative  03 Operational  04 Institutional  05 PEF  06 M/C Classified | |
|  | 08 UUP  13 M/C Professional  Other (define) |

|  |  |  |  |
| --- | --- | --- | --- |
| 6. Highest Degree Earned |  | 7. Name of Instructing Campus |  |

|  |
| --- |
| 8. Please describe proposed education program (reason for taking courses listed below). |
|  |
|  |

1. 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. |  |  |  |  |  |  |

1. 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 |  | Date |

PART II. To Be Completed by Appropriate Officers at Employing Campus:

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 (Chair or Director) 12. VERIFICATION BY EMPLOYING UNIT'S HR OFFICE.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Authorized Signature |  | Date |  | Authorized Signature |  | Date |

13. 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 |

(pink copy to be utilized for employing unit pending copy)

PART III. INSTRUCTING CAMPUS (State-operated SUNY)

Complete Part III and Forward 2 copies (white and green) to employing campus (yellow copy retained by Student Accounts Office of instructing campus).

|  |  |  |
| --- | --- | --- |
|  | Application approved. Total Amount Waived | $ |

|  |  |  |
| --- | --- | --- |
|  | Disapproved as submitted because |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorized Signature |  | Date |

PART IV. Employing campus final action – Record disposition of application and distribute Affirmative Action (green) per internal procedures.