



**STATE UNIVERSITY OF NEW YORK
B-140W APPLICATION FOR TUITION ASSISTANCE**

PART I: APPLICATION: Please read instructions on page one then complete PART I. Your supervisor must sign in PART II. Forward to the appropriate officer at the campus where you are employed so your department officer can complete Part II. (Separate applications are required for each semester).

1. Employee's Name _____ 2. Email Address _____

3. Campus Where Employed _____ 4. Budget Title _____

5. Employment Status (check one):

a. Research Foundation Employee: Community College Employee: University Employee (State Payroll):

b. **Check one:** Full Time: or Part-Time: c. If P/T, what % do you work? _____%

d. Negotiating Unit (check one): *to be completed by University employees on State Payroll only*

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 Current Instructing Campus _____

8. You may not receive reimbursement from multiple sources for the same course that would result in exceeding the cost of tuition. Are you receiving tuition funding from any other employee-based resources(s) for the courses listed below? No _____ Yes _____ If yes, where and what amount? _____

9. PLEASE DESCRIBE PROPOSED EDUCATIONAL PROGRAM (reason for taking course listed below).

10. Current Status (check one): Undergraduate Student _____ Graduate Student _____ 11. Student Number _____

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

12. I HEREBY APPLY FOR TUITION ASSISTANCE AS STATED ABOVE AND DECLARE MY INTENTION OF RETURNING TO MY POSITION. I UNDERSTAND THAT I MUST SATISFACTORILY COMPLETE THESE COURSES TO BE ELIGIBLE FOR MY TUITION WAIVER.

Signature of Applicant: _____ **Date:** _____

PART II: TO BE COMPLETED BY APPROPRIATE OFFICERS AT EMPLOYING CAMPUS – COMPLETE PART II

13. AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chair or Director)

14. VERIFICATION BY EMPLOYING UNIT'S PERSONNEL OFFICE:

Supervisor Signature _____ Date _____

Authorized Signature _____ Date _____

15. APPROVAL OF CHIEF ADMINISTRATIVE OFFICER:

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

Application disapproved as submitted because _____

Authorized Signature _____ Date _____ Authorized Signature _____ Date _____

PART III: INSTRUCTING CAMPUS (STATE-OPERATED SUNY) COMPLETE PART III AND FORWARD TO EMPLOYING CAMPUS

Application approved. Total Amount Waived \$ _____ Course # _____

(Itemize Charges Waived Below and Explain Amended Dollar Amounts #15)

Disapproved as submitted because _____

Authorized Signature _____ Date _____

PART IV: EMPLOYING CAMPUS FINAL ACTION — Record disposition of application and distribute copy per internal procedure.