



**State University of New York
B-140W Application for Tuition Assistance**

<https://hr.buffalostate.edu/employee-tuition-assistance>

Instructions: Please read instructions and complete. PART 1. Obtain departmental approval. PART 2. Forward by [email](#) to Human Resource Management. PART 2. Buffalo State will forward approved applications to the instructing campus. A separate application is required each semester. You must meet the [eligibility requirements](#) to be considered for the program. Amount of funding is subject to change.

PART 1: To be completed by the employee.

Name: _____ Email Address: _____

Budget Title: _____ Banner Number: _____

Employment Source: Select One Employment FTE: _____

Name of Instructing Campus: _____

You may not receive reimbursement from multiple sources for the same course that would result in exceeding the cost of tuition. Classified CSEA employees must apply for the NYS & CSEA Partnership for Education and Training prior to utilizing funds from this program. Indicate below any additional assistance received from other sources.

CSEA Partnership:	UUP:	Other:
Applied for funding: Yes <input type="radio"/> No <input type="radio"/>	Applied for UUP Tuition Free Space Available: Yes <input type="radio"/> No <input type="radio"/>	Source of Funding:
Amount Received:	Amount Received:	Amount Received:
Attach Documentation.		Attach Documentation.

Course Name	Catalog No.	Semester and Year	Day/Time	Course Level	Credit Hours	Amount Waived (HRM Use Only)
				Select One		

Attestation: I hereby apply for tuition assistance as stated above. I understand I must satisfactorily complete the courses to be eligible for my tuition waiver.

Employee Signature: _____ Date: _____

PART 2: To be completed by the Department and Human Resource Management.

Signature of Supervisor, Chair/Department Head: _____ Date: _____

Approval of HRM (to be completed after course registration deadline):

A. Application approved for _____% for a total of \$ _____ to be waived.

B. Application denied as submitted because: _____

Authorized HRM Signature: _____ Date: _____

PART 3: To be completed by the Student Accounts Office at the Instructing Campus (choose one options listed below). After completing this portion, return to Buffalo State University HRM; hr@buffalostate.edu.

A. Application approved. Total amount waived \$ _____. Course Number: _____

B. Application denied as submitted because: _____

Authorized Signature: _____ Date: _____