BUFFALO STATE
The State University of New York

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

Instructions: Please read instructions and complete PART 1. Obtain departmental approval in PART 2. Forward by email to hr@buffalostate.edu to complete PART 2. The Instructing Campus will forward to Buffalo State University once application is finalized. A separate application is required each semester. You must meet the eligibility requirements https://hr.buffalostate.edu/uup-tuition-assistance-program 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: 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   No
	Applied for UUP Tuition Free Space Available:
	        Yes No
		Source of Funding:

Amount Received:	**Amount Received:**	**Amount Received:**
Attach Documentation.		**Attach Documentation.**

Course Name	Catalog No.	Semester and Year	Course Level	Credit Hours	Amount Waived (HRM use only)

Attestation: I hereby apply for tuition assistance as stated above and declare my intentions of returning to my position. 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 Chair or 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:_____

HRM Use Only:
UUP and CSEA Employees - Benefits File

Rev. 05/2025