

**State University of New York**  
**UUP Tuition Free Space Available Request**  
<https://hr.buffalostate.edu/uup-tuition-assistance-program>

This program is for tuition assistance as described in Article 49 of the [NYS-UUP Agreement](#). When space is available, employees represented by UUP may enroll in a maximum of one course per semester and/or special session (summer and intersession) on a tuition-free basis. To use this program, non-matriculated employees may NOT register for the course sooner than one week before classes begin.

**Instructions:** Complete PART 1. Obtain departmental approval and signature. PART 2. Obtain signature from Human Resource Management in Cleveland Hall 403 or by emailing the completed form to [hr@buffalostate.edu](mailto:hr@buffalostate.edu) PART 3. Submit copy of completed form to Student Accounts in Moot Hall or by [email](#) or instructing campus.

Employees will be liable for fees as determined by Student Accounts, including but not limited to College Fee, Student Services Fee, Student Activity Fee, Technology Fee and Athletic Fee. Employees may submit a waiver request for the Health Center and Athletic fees.

**PART 1: To be completed by applicant.**

Semester/Session: \_\_\_\_\_ Year: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Budget Title: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
 Are you enrolled in any additional courses this semester? Yes      No  
 Instructing Campus: \_\_\_\_\_ If other, indicate campus: \_\_\_\_\_

Course Name	Catalog Number	Day/Time	Credits

Attestation: By signing below, I hereby apply for tuition assistance in accordance with benefits negotiated for UUP represented employees. I acknowledge that all fees are my responsibility at the time of registration. If this course is offered only during business hours, I have arranged an alternate work schedule or will charge leave accruals to offset time missed for class, with supervisor's approval.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2: To be completed by the Supervisor.**

By signing below, I acknowledge that the above employee has discussed enrolling into the above listed course with me and attendance is not anticipated to interfere with the employee's performance in his/her professional obligation.

Applicant's Supervisor/Chair/Director): \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3: To be completed by Human Resource Management; Cleveland Hall 410.**

Verification of eligibility by HRM: \_\_\_\_\_ Date: \_\_\_\_\_