



STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

C2054-583 (rev. 4/83)

PART I. APPLICATION

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 the State of New York.

- 1. Applicant's Name _____ 2. Person Number _____
- 3. Campus Where Employed _____ 4. Payroll Title _____
- 5. Present Employment Status (Check one) Research Foundation Employee Community College Employee University Employee (State Payroll)
 A. 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 Campus You Will Be Attending _____
- 8. PLEASE DESCRIBE PROPOSED EDUCATIONAL PROGRAM (Reason for taking below-listed courses).

9. 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 Fees, 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.						

- 10. 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 of Applicant _____
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 (Chairman or Director) 12. VERIFICATION BY EMPLOYING UNIT'S PERSONNEL 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

PART III. INSTRUCTING CAMPUS (State-operated SUNY)

Complete Part III and Forward 2 copies to employing campus

Application approved. Total Amount Waived \$_____
 (Itemize Charges Waived Below and Explain Amended Dollar Amounts #13)

Disapproved as submitted because _____

 Authorized Signature _____
Date

PART IV. Employing campus final action- Record disposition of application and distribute Affirmative Action Copy per internal procedures.