

STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

PART I APPLICATION: Please complete PART I ONLY. Forward 4 copies to the appropriate officer at the campus where you are employed. Retain the fifth copy for your records. (Separate applications to be issued for each semester.)

Disclosure of Social Security number 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. Applicants Name: _____ 2. Social Security 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 Instructing Campus _____
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 Fee, 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 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 11. 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 Applicants Supervisor (Chairman or Director) 12. Verification by Employing Unit Personnel Office:

 Authorized Signature Date Authorized Signature Date

12. APPROVAL OF CHIEF ADMINISTRATIVE OFFICER:
 Application Approved for _____% level of support for a total amount of \$_____ to be reimbursed.
 Application Disapproved because _____.

 Authorized Signature Date

PART III Instructing Campus (State operated SUNY)
 Complete Part III and forward 2 copies(white and green) to employing campus (yellow copy retained by Student Accounts Office of Instructing 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 (green) per internal procedures.