



STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

**PART I. APPLICATION:** Please complete PART 1 ONLY. Forward 4 copies to the appropriate officer at the campus where you are employed. Retain the fifth copy (goldenrod) for your records. (Separate applications to be made for each semester.)

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. 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 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) \_\_\_\_\_  
Authorized Signature Date
- 12. VERIFICATION BY EMPLOYING UNIT'S PERSONNEL OFFICE: \_\_\_\_\_  
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  
(pink copy to be utilized for employing unit pending copy)

**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.**