C2004-583
(Rev.11/09)

STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

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

1. Applicant's Name _____

2. Campus Where Employed _____ 3. Payroll Title _____

4. Present Employment Status (check one) ☐ Research Foundation ☐Community College Employee ☐ University Employee (State Payroll)

5. 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 Earner _____ 7. Name of Instructing Campus _____

8. Please describe proposed education program (reason for taking courses listed below).

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 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 _____ 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 (Chair or Director) 12. VERIFICATION BY EMPLOYING UNIT'S HR 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
(pink copy to be utilized for employing unit pending copy)

PART III. INSTRUCTIONG 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 $ _____

☐ Disapproved as submitted because _____

_____ Authorized Signature _____ Date

PART IV. Employing campus final action – Record disposition of application and distribute Affirmative Action (green) per internal procedures.