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 application 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 New York State.

1. Applicant's Name ___________________________ 2. Social Security Number ___________________________

3. Campus Where Employed ___________________________ 4. Payroll Title ___________________________

5. Present Employment Status (check one) □ Research Foundation □ 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 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).

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<tr>
<th>Course Name(s)</th>
<th>Catalog Number</th>
<th>Semester and Year</th>
<th>Credit Hours</th>
<th>Cost of Each Course</th>
<th>% of Support Requested</th>
<th>Amount of SUNY Assistance Requested for Each Course ($ Total)</th>
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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 SATISFITORILY 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. 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 $___________

☐ 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.