



Employee Tuition Adjustment Request

In conjunction with the United University Professionals (UUP) Bargaining Unit
Employee Course Registration Program (ECRP)

Please complete all of the following items:

Name _____ Albany ID No. **or**
Soc. Sec. No. _____

Permanent Address _____
Last First Initial
Street

Home Telephone (_____) _____
(Area Code) City State Zip

Employment Status: **SUNY School** Employed at: _____

Dept/Office: _____ Telephone: (_____) _____

NOTE: If you are employed at a SUNY school other than the University at Albany, please attach to this waiver, a statement of eligibility on letterhead from your Human Resource Office, stating your name, Social Security No., eligibility to use the UUP tuition waiver and the semester of study.

The University at Albany course to which tuition adjustment under this program should be applied:
Catalog No. _____ Class No. _____ # of Course Credits _____

Semester to which this adjustment should be applied (please check and indicate year):
Fall _____ Spring _____ Summer _____ Year _____

Have you already applied for and received a State University Employee (SUE) tuition waiver for the semester in question for this specific course?
Yes _____ No _____

I hereby declare my intention to enroll in the course specified above through the Employee Course Registration Program.

Signature _____ Date _____

NOTE: Return this form to the **Office of Student Accounts** after you register but not later than the due date of your first invoice. This form and payment of mandatory fees must be received no later than the due date of your first invoice in order to avoid the assessment of late payment fees. If you registered during the designated "ECRP Registration Period", the Late Registration Fee will be adjusted off your account when Student Accounts receives your completed form.

**** University Use Only - Do Not Write Below This Line ****

Waiver Accepted: YES _____ NO _____

DATE _____ INITIALS _____

Registrar-Rev 3/28/11

ECRP TUITION CHARGE _____

ECRP TUITION DEFERRAL _____

ECRP TUITION ADJUSTMENT _____

DATE _____ INITIALS _____