UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK
In conjunction with the United University Professionals (UUP) Bargaining Unit
Employee Course Registration Program (ECRP)

*** * * * Employee Tuition Adjustment Request * * * ***

Please complete all of the following items:

Name _____ Albany ID No. **or** Soc. Sec. No. _____
Last First Initial

Permanent Address _____
Street

_____
City State Zip

Home Telephone _____
(Area Code)

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

Dept/Office _____ Telephone _____

NOTE: If you are employed at a SUNY school other than 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. _____ 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_____

ECRP TUITION CHARGE_____
ECRP TUITION DEFERRAL_____
ECRP TUITION ADJUSTMENT_____
DATE_____INITIALS_____

Registrar-Rev 3/09