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:

Albany ID No. or
Soc. Sec. No. _______________________

Last                               First                            Initial

Permanent Address

Street

City                                         State

Home Telephone (_____)  ______________________________
(Area Code)

Employment Status: SUNY School Employed at: __________________________
Dept/Office: __________________________ Telephone: (_____)

NOTE: If you are employed at another SUNY Institution (other than the University at Albany), please obtain a statement of eligibility from your Human Resource Office verifying representation by the UUP bargaining unit for the semester of attendance. The statement must be on college/university letterhead and submitted with this form. The following information must also be included in the statement: First Name, Last Name, Social Security # and the Employment Status for the semester in which the waiver is to be applied.

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 _______ Winter _______ 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 no later than the last class day of the semester in which the waiver is to be applied. Retroactive waivers (waivers for previous semesters) will not be accepted/considered.

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

Waiver Accepted: YES___ NO ___
ECRP TUITION CHARGE_____
ECRP TUITION DEFERRAL_____
ECRP TUITION ADJUSTMENT_____
DATE_______INITIALS_______
Registrar-Rev 12/14/2015