



# STATE UNIVERSITY OF NEW YORK

## B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

C2004-583  
(Rev. 07/18)

**PART I: APPLICANT:** Please complete PART I ONLY. Supervisor's signature REQUIRED in PART II. Submit to Human Resources, UAB-300. Retain a copy for your records. Separate applications to be made for each semester.

1. Applicant's Name \_\_\_\_\_ 2. Employee ID# \_\_\_\_\_ 00
3. Campus Where Employed \_\_\_\_\_ 3. Payroll Title \_\_\_\_\_
4. Dept. and Campus Address \_\_\_\_\_ Email Address: \_\_\_\_\_
5. Office Phone \_\_\_\_\_
6. Present Employment Status (check one)  University Employee (State Payroll)  Research Foundation  Community College Employee  
(check one)  Full Time  Part Time
7. 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)
8. Name of SUNY Campus Attending  University at Albany **OR**  
(Community Colleges Not Eligible)  Other (specify) \_\_\_\_\_  Undergraduate Student  Graduate Student
9. Please describe proposed education program (reason for taking courses listed below).

***If you are receiving any other tuition assistance or funding for the course(s) listed below, please indicate the amount and type:***

10. List courses for which approval is requested by this application:

| 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.             |                |                   |              |                     |                        |  |

11. I HEREBY APPLY FOR TUITION ASSISTANCE AS STATED ABOVE AND DECLARE MY INTENTION OF RETURNING TO MY PRESENT POSITION. I UNDERSTANT THAT I MUST SATISFACTORILY COMPLETE THESE COURSES TO BE ELIGIBLE FOR A TUITION WAIVER.

\_\_\_\_\_  
Signature Date

### PART II. To Be Completed by Appropriate Officers at Employing Campus:

12. AUTHORIZATION BY APPLICANT'S SUPERVISOR:

\_\_\_\_\_  
Authorized Signature Date

13. APPROVAL OF HUMAN RESOURCES MANAGEMENT:

Application Approved for \_\_\_\_\_ % level of support for a total amount of \$ \_\_\_\_\_ to be waived.

Application Disapproved as submitted because: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date

### PART III. INSTRUCTING CAMPUS (State-operated SUNY)

Complete Part III and forward to employing campus.

Application approved. Total Amount Waived \$ \_\_\_\_\_

Disapproved as submitted because \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date