STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

C2004-583 (Rev.4/83)

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.

1. Applicant's Name 1	Disclosure of Social Security num number has been established und	bers is voluntary and is uller Section 355 of the Ed	used in processi ucation Law of	ng student ap New York Sta	plications for tuitite.	on assistance. A	uthority to solicit Social Security		
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) Of Security Of Securit	1. Applicant's Name 1			2. Social Security Number					
A. To be completed by University employees on State Payroll only. Negotiating Unit: (Check one) 01 Security 02 Administratin 03 Operational 04 Institutional 05 PEF 06 M/C Classified 6. Highest Degree Earner 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 futilism may justify a refund if futilism 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). Catalog Semester Credit Cost of Each % of Support Amount of SUNY Assistance Course Name(s) Number and Year Hours Course Requested for Each Course (§ Total) 1. 2.	3. Campus Where Employed				4. Payroll Title				
Negotiating Unit: (Check one) of i Security 02 Administrative 03 Operational 04 Institutional 05 PEF 06 M/C Classified 6. Highest Degree Earner 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 unifor 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). Catalog Semester Credit Cost of Each % of Support Requested for Each Course Name(s) Number and Year Hours Course Requested (\$ Total)						☐ University Em	nployee (State Payroll)		
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 fultion may justify a refund if futition 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). Course Name(s)	To be completed by University Negotiating Unit: (Check or Check or	ne) 🗍 01 Security 🗍 02	2 Administrative	e ☐ 03 Op nal ☐ Other	perational	Institutional 🗌 05	5 PEF ☐ 06 M/C Classified		
9. List courses for which approval is requested by this application: (Approval of this request for SUNY turtion 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). Course Name(s)	6. Highest Degree Earner 7. Name of Instructing Campus								
(Approval of this request for SUNY tuition may justify a refund if futition 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). Catalog Semester Credit Cost of Each % of Support Amount of SUNY Assistance Requested for Each Course Course Number Amount of SUNY Assistance Requested for Each Course Requested for Each Course Requested for Each Course (\$ Total)	8. Please describe proposed edu	cation program (reason f	or taking course	es listed belov	v).				
Course Name(s) Catalog Semester And Year Credit Cost of Each % of Support Requested for Each Course (\$ Total) 1. 2. 3.	(Approval of this request for	SUNY tuition may justify	a refund if tuitio			oratory and/or inst			
1. 2. 3. 110. 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 SATISFACTORILY 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) Authorized Signature Date Authorized Signature Date Authorized Signature Authorized Signature (pink copy to be utilized for employing unit pending copy) PART III. INSTRUCTIONG 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	Course Name(s)						Requested for Each Course		
3. 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 SATISFACTORILY COMPLETE THESE COURSES TO BE ELIGIBLE FOR TUITION WAIVER. Signature	1.					,			
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 SATISFACTORILY 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) Authorized Signature Date Authorized Signature Date Authorized Signature (pink copy to be utilized for employing unit pending copy) Date PART III. INSTRUCTIONG 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 Signature Disapproved as submitted because									
PART III. 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 (pink copy to be utilized for employing unit pending copy) PART III. INSTRUCTIONG 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	10. I HEREBY APPLY FOR TUITION (AND FEE IF APPLICABLE) ASSISTANCE AS STATED ABOVE AND DECLARE MY INTENTION OF RETURNING TO MY PRESENT POSITION.								
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. INSTRUCTIONG 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	Signature				DATE				
13. APPROVAL OF CHIEF ADMINISTRATIVE OFFICER: Application Approved for	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.								
Application Approved for Application Disapproved because Authorized Signature	Authorized Signature	Authorized Signature Date				Authorized Signature Date			
PART III. INSTRUCTIONG 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	Application Approved for % level of support for a total amount of \$ to be waived								
Complete Part III and Forward 2 copiès (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									
☐ Disapproved as submitted because				campus (yello	w copy retained b	y Student Accour	nts Office of instructing campus.		
	Application approved.	Total Amount Waived	\$	_					
Authorized Signature Date	☐ Disapproved as submit	ted because							
		Authorized Signature					Date		