



STATE UNIVERSITY OF NEW YORK  
B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

**PART I APPLICATION:** Please complete PART I ONLY  
Disclosure of Social Security numbers is voluntary and is used in processing student application for tuition assistance. Authority to solicit Social Security number has been established under Section 355 of the Education Law of New York State.


1. Applicant's Name \_\_\_\_\_  
 2. Social Security Number \_\_\_\_\_ 3. Stony Brook ID Number \_\_\_\_\_  
 4. Email Address \_\_\_\_\_  
 5. Campus Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
 6. Campus Where Employed \_\_\_\_\_ 7. Job Title \_\_\_\_\_

8. Present Employment Status (check one)  Research Foundation  Community College Employees  University Employee

9. To be completed by University employees on State Payroll only.

NU classified: ( Check one)  01 Security  02 Administrative  03 Operational  04 Institutional  05 PEF  06 M/C

NU unclassified  08 UUP  13 M/C Professional  Other (define)

10. Highest Degree Earned: \_\_\_\_\_ Name of Instructing Campus you will be attending \_\_\_\_\_ 

Please describe proposed education program (reason for taking courses listed below).

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

(Approval of this request for SUNY tuition 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)	Catalog Number	Semester And Year	Credit Hours	Cost of Each Course	% of Support Requested	Amount of SUNY Assistance Requested for Each Course (\$ Total)
1.					0.00%	
2.					0.00%	
3.					0.00%	

**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 \_\_\_\_\_

**12. 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

**AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chair or Director)**

**VERIFICATION BY EMPLOYING UNIT'S HR OFFICE**

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

**APPROVAL OF CHIEF ADMINISTRATIVE OFFICER:**

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

Application Disapproved because \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**13. Part III. INSTRUCTING CAMPUS (State-operated SUNY)**

Complete Part III

Application approved. Total Amount Waived \$ \_\_\_\_\_  Disapproved as submitted because \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_