



SBUH Employee ID _____

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

PART I: APPLICATION - Please read instructions on page one then complete PART I. Your supervisor must sign in PART II. Retain a copy for your records. Forward the original completed form to the Tuition Coordinator for consideration. (Separate applications are required for each semester)

- 1. Employee's Name _____ 2. Email Address _____
3. Employment Location (check one): SBUH [] LISVH [] 4. Payroll Title _____
5. Negotiating Unit (check one): to be completed by University Hospital employees on State Payroll only -
01 Security [] 02 Administrative [] 03 Operational [] 04 Institutional [] 05 PEF []
06 M/C Classified [] 08 UUP [] 13 M/C Professional [] Other (Define) _____
6. Highest Degree Already Earned _____ 7. School currently attending _____

8. Please describe your proposed educational program and the SPECIFIC reason for taking the course listed below. A statement of "working towards XX degree" is not sufficient. Please describe how the course will assist your current position or future career goals.

- 9. Course Level (check one): Undergraduate Graduate 10. College Student ID Number _____

11. List course for which approval is requested by this application below-
(Approval of this request for SUNY tuition may justify a refund if tuition has already been paid. College Fee, Student Activity Fee and other non-instructional fees will not be waived)

Table with 7 columns: Course Name, Catalog Number, Semester and Year, # of Credits, Cost of Credit(s), % of Support Requested, Amount of SUNY Assistance Requested for Cost of Credit(s). Row 1: 100%

12. 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 MY TUITION WAIVER.

Employee Signature: _____ Date: _____

PART II: TO BE COMPLETED BY APPROPRIATE OFFICERS AT EMPLOYING AGENCY – COMPLETE PART II AND:

- a. If instruction will be given at employing agency, proceed with agency internal policy for Part III approval.
b. If instruction will be given at another SUNY campus, forward 3 copies to instructing unit.

13. AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chairman or Director) 14. VERIFICATION BY EMPLOYING UNIT'S HR OFFICE:

Supervisor Signature _____ Date _____ Authorized Signature _____ Date _____

15. TUITION COORDINATOR APPROVAL:

- [] Application approved for _____ % of course fee 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

- [] Application approved for a total Amount of \$ _____ to be waived
[] Disapproved as submitted because _____

Authorized Signature _____ Date _____