

PART I APPLICATION: Please complete PART I ONLY. Forward one copy to the appropriate officer at the campus where you are employed. Retain one copy for your records. (Separate application to be made for each semester.)

1. Applicant's Name _____ 2. Social Security Number _____ 3. Student Number _____
(if different from Social Security #)

4. Campus Where Employed _____ 5. Payroll Title _____

6. 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) 01 Security 02 Administrative 03 Operational 04 Institutional 05 PEF 06 M/C Classified
 08 UUP 13 M/C Professional Other (define)

7. Highest Degree Earned _____ 8. Instructing Campus _____

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

10. 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)

11. I HEREBY APPLY FOR TUITION (AND FEE IF APPLICABLE) ASSISTANCE AS STATED ABOVE AND DECLARE MY INTENTION OF RETURNING TO MY POSITION. I UNDERSTAND THAT I MUST SATISFACTORILY COMPLETE THESE COURSES TO BE ELIGIBLE FOR TUITION WAIVER.

_____ Signature of Applicant _____ 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.

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

_____ Date _____ Authorized Signature _____ Date

14. Application approved for ____% level of support for a total amount of \$ _____ to be waived.

Application Disapproved because _____

APPROVAL OF CHIEF ADMINISTRATIVE OFFICER: 15. APPROVAL OF STUDENT ACCOUNTS OFFICE:

_____ Date _____ Authorized Signature _____ Date

PART III INSTRUCTING CAMPUS (State-operated SUNY)

Complete Part II and forward 2 copies to employing campus (one copy retained by Student Accounts Office of instructing campus)

Application approved. Total Amount Waived \$ _____
(Itemize charges waived below and explain amended dollar amounts #14)

Disapproved as submitted because _____

_____ Authorized Signature _____ Date

PART IV Employing campus final action – Record disposition of application and distribute Affirmative Action Copy per internal procedures.