

## SUNY TUITION WAIVER (B-140W)

### PROGRAM INSTRUCTIONS & APPLICATION

Tuition support programs provide reimbursement for all or part of an employee's tuition cost. These programs usually restrict schools and/or courses covered. Some schools may defer payments for reimbursement program students. All of these programs require proof of successful completion of the course.

**NOTE: To avoid late fees and class cancellation, applicants should pay tuition when due as reimbursement notification may be delayed depending on the timing of fund allocation. There is no guarantee funding will be available.**

Tuition Waiver Program is an official "forgiveness" of part or all of the tuition (excluding fees) for a course taken at a State-operated campus. The program is available to all University and Research Foundation employees, and the percentage of tuition that can be waived is determined by the applicant's percentage of full-time employment, the degree to which the course is job related, and the available funding. The applicant must be admitted (or readmitted) to a participating school on a matriculated or non-matriculated basis.

- a. Complete **all** questions #1 through #12 in Part I of the **Application for Tuition and Fee Assistance (Form B-140W)**. Be sure to sign and date the application. Your completed application must also be approved and signed by your supervisor in Part II, #13.
- b. No more than **two** (2) credit hours per semester can be approved, based on available funding.
- c. Indicate the cost of your tuition. Laboratory and/or instructional fees may be included. University fees, Student Activity fees, and other non-instructional fees cannot be covered by the Tuition Waiver.
- d. The percentage of support requested should be no more than your percentage of full-time employment (i.e., if your FTE is 50 percent, you may apply for a 50 percent Tuition Waiver).
- e. Forward the completed application to the Employee Benefits office no later than **the end of the first week of classes**. If there are changes to the information given in your application after you have submitted the form, please notify Employee Benefits immediately. Our mailing address is PO Box 6000; Binghamton, NY 13902-6000 or fax (607) 777-4947. If you fax, please mail original application to our HR Office.
- f. **In addition, you must complete a payment form and pay all applicable fees at the Student Accounts office.** Payment must be made by registration day. Payments made after registration day will be assessed a \$30.00 late payment fee. You will not be in registered status until you have completed all payment arrangements.



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

C2054-583 (March 2015)

PART I: APPLICATION Please read instructions on page one then complete PART I. Your supervisor must sign in PART II. Forward to the appropriate officer at the campus where you are employed so your department officer can complete Part II. (Separate applications are required for each semester).

1. Employee's Name \_\_\_\_\_ 2. Email Address \_\_\_\_\_

3. Campus Where Employed \_\_\_\_\_ 4. Budget Title \_\_\_\_\_

5. Employment Status (check one):

a. Research Foundation Employee: [ ] Community College Employee: [ ] University Employee (State Payroll): [ ]

b. Check one: Full Time: [ ] or Part-Time: [ ] c. If P/T, what % do you work? \_\_\_\_\_%

d. Negotiating Unit (check one): to be completed by University 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 Earned \_\_\_\_\_ 7. Name of Current Instructing Campus \_\_\_\_\_

8. You may not receive reimbursement from multiple sources for the same course that would result in exceeding the cost of tuition. Are you receiving tuition funding from any other employee-based resources(s) for the courses listed below? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, where and what amount? \_\_\_\_\_

9. PLEASE DESCRIBE PROPOSED EDUCATIONAL PROGRAM (reason for taking course listed below).

10. Current Status (check one): Undergraduate Student \_\_\_\_\_ or Graduate Student \_\_\_\_\_ 11. Student Number \_\_\_\_\_

Table with 7 columns: Course Name, Catalog Number, Semester and Year, Credit Hours, Cost of Each Course, % of Support Requested, Amount of SUNY Assistance Requested for Each Course (\$ Total)

12. 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 MY TUITION WAIVER.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

PART II: TO BE COMPLETED BY APPROPRIATE OFFICERS AT EMPLOYING CAMPUS - COMPLETE PART II AND

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

13. AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chairman or Director) 14. VERIFICATION BY EMPLOYING UNIT'S PERSONNEL OFFICE:
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

15. APPROVAL OF CHIEF ADMINISTRATIVE OFFICER:

[ ] Application approved for \_\_\_\_\_% level of support for a total amount of \$ \_\_\_\_\_ to be waived

[ ] Application disapproved as submitted because \_\_\_\_\_

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

PART III: INSTRUCTING CAMPUS (STATE-OPERATED SUNY) COMPLETE PART III AND FORWARD TO EMPLOYING CAMPUS

[ ] Application approved. Total Amount Waived \$ \_\_\_\_\_ Course # \_\_\_\_\_

(Itemize Charges Waived Below and Explain Amended Dollar Amounts #15)

[ ] Disapproved as submitted because \_\_\_\_\_

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

PART IV: EMPLOYING CAMPUS FINAL ACTION - Record disposition of application and distribute copy per internal procedure.