



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

PART I. APPLICANT: 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 un Section 355 of the Education Law of New York State. Submit to Human Resources. Retain a copy for your records. Separate applications to be made for each semester.

1. Applicant's Name _____ 2. Soc. Sec. # (last 4 digits) _____
 3. FIT ID # _____ 4. FIT Email Address: _____
 5. Campus where Employed: **FIT** 6. Department: _____ 7. Job Title: _____

8. Present Employment Status: Community College Employee Full-Time Part-Time

9. Name of SUNY Campus Attending: _____
 Undergraduate Student Graduate Student

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

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

Course Name (s)	Catalog Number	Semester & Year	Credit Hours	Cost of Each Course	% of Support Requested	Amount of SUNY Assistance Requested for Each Course (\$ Total)
1.						
2.						
3.						

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.

Applicant 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 instructions will be given at another SUNY unit, forward 3 copies to instructing unit.

12. AUTHORIZATION BY APPLICANT'S SUPERVISOR (CHAIRMAN OR DIRECTOR)

Authorized Signature _____ Date _____

13. VERIFICATION BY EMPLOYING UNIT'S HUMAN RESOURCES OFFICE

Authorized Signature _____ Date _____

14. 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 _____

PART III. INSTRUCTING CAMPUS (State-operated SUNY)

Complete Part III and Forward 2 copies to employing campus (once copy retained by Student Accounts Office of Instructing Campus)

Application Approved. Total Amount Waived \$ _____ (Itemized 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.