



STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

C2004-583
(Rev. 07/18)

PART I: APPLICANT: Please complete PART I ONLY. Supervisor's signature REQUIRED in PART II. Email to: employeetraining@newpaltz.edu
Retain a copy for your records. Separate applications to be made for each semester.

1. Applicant's Name _____ 2. Employee ID# _____
3. Campus Where Employed _____ 3. Payroll Title _____
4. Dept. and Campus Address _____ Email Address: _____
5. Office Phone _____
6. Present Employment Status (check one) University Employee (State Payroll) Research Foundation Community College Employee
(check one) Full Time Part Time
7. 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) _____
8. Name of SUNY Campus Attending SUNY New Paltz **OR**
(Community Colleges Not Eligible) Other (specify) _____ Undergraduate Student Graduate Student
9. Please describe proposed education program (reason for taking courses listed below).

If you are receiving any other tuition assistance or funding for the course(s) listed below, please indicate the amount and type:

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

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.						
2.						
3.						

11. I HEREBY APPLY FOR TUITION 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 A TUITION WAIVER.

Signature Date

PART II. To Be Completed by Appropriate Officers at Employing Campus:

12. AUTHORIZATION BY APPLICANT'S SUPERVISOR:

Authorized Signature Date

13. APPROVAL OF HUMAN RESOURCES MANAGEMENT:

Application Approved for _____ % level of support 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 and forward to employing campus.

Application approved. Total Amount Waived \$ _____

Disapproved as submitted because _____

Authorized Signature Date