

This program, also known as the UUP Space Available Program, is for tuition assistance as described in Article 49 of the UUP Agreement. When space is available, employees represented by UUP may enroll in a maximum of one course per semester and/or special session (summer session and intersession) on a tuition-free basis. To use this program, the employee may not register for the course sooner than one week before classes for that semester begin.

Employees will be liable for fees as determined by Student Accounts, including but not limited to College Fee, Student Services Fee, Student Activity Fee, Technology Fee, Health Center Fee, and Athletic Fee. Employees may submit a waiver request for the Health Center and Athletic fees. For specific information, go to http://www.newpaltz.edu/student_accounts/fees_desc.html

1. EMPLOYEE COMPLETES:

Semester/Session: Fall Spring Summer (indicate session number) _____ Year _____

Please check each degree earned: A.A.S. A.O.S. A.A. A.S. Bachelor's Master's
 Certificate of Advanced Study Doctorate Other _____

<i>Course Name</i>	<i>Course Number</i>	<i>Day/Time</i>	<i>Credits</i>
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Attached please find a confirmation of registration dated not sooner than one week prior to start of classes. I am aware that if I was pre-registered, I am not eligible for the UUP Space Available Program. I meet all the course prerequisites. I understand that, if approved, I am responsible for paying all fees billed by Student Accounts.

If this course is offered only during business hours, I have arranged an alternate work schedule or will charge leave to offset time missed for class, with supervisor's approval.

N/A or: _____
Supervisor's Signature *Date*

Are you employed under an employment contract for the semester that you are requesting this waiver? Yes No

If yes, provide: _____
Department Name

Your campus extension

N									
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Last Name *First* *MI*

New Paltz (Banner) ID Number

Address

Date of Birth

City/Town *State* *Zip Code*

(Area Code) Telephone Number

Applicant Signature *Campus email*

Date

2. BENEFITS OFFICE/HUMAN RESOURCES:

Date Classes Begin: _____ Date Registered: _____

Applicant has pre-registered: Yes No Space Available Approval: Yes No

Statement of Eligibility:

This applicant is represented by UUP, has a current employment relationship with SUNY New Paltz, and is eligible for the program.

This applicant is ineligible for the program due to class pre-registration or because is not represented by UUP and/ or does not have a current employment relationship with SUNY New Paltz.

HBA Signature

Date