



STATE UNIVERSITY OF NEW YORK COLLEGE AT BROCKPORT

C2004-583 (Rev. 07/14)

B-140W APPLICATION FOR TUITION ASSISTANCE

PART I: APPLICANT: Please complete PART I ONLY. Supervisor's signature REQUIRED in PART II. Submit to Human Resources, 4th floor Allen Building. Retain a copy for your records. Separate applications to be made for each semester.

- 1. Applicant's Name ... 2. Employee- Banner ID Number (required) ... 3. Campus Where Employed ... 4. Payroll Title ... 4. Dept. and Campus Address ... Email Address: ... 5. Office Phone ... 6. Present Employment Status (check one) ... 7. To be completed by University employees on State Payroll only: ... 8. Name of SUNY Campus Attending ... 9. Please describe proposed education program (reason for taking courses listed below).

10. List courses for which approval is requested by this application (only one course per semester).

Table with 5 columns: Course Name(s), Course Number, Semester and Year, Credit Hours, Amount of SUNY Assistance Requested for Each Course (\$ Total/ \$425 Max Allowed). Rows 1, 2, 3.

11. I HEREBY APPLY FOR TUITION ASSISTANCE AS STATED ABOVE AND DECLARE MY INTENTION OF RETURNING TO MY PRESENT POSITION. I UNDERSTANT THAT I MUST SATISFACTORILY COMPLETE THESE COURSES TO BE ELIGIBLE FOR TUITION WAIVER. I HAVE REVIEWED THE B-140 TUITION WAIVER POLICY.

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 instruction will be given at another SUNY unit, forward to, instructing unit.

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 because _____

Authorized Signature _____ Date _____

PART III: Instructing Campus (State-operated SUNY)

Complete Part III and Forward to employing campus. A copy should also be retained by Student Accounts Office of instructing campus.

- Application approved. Total Amount Waived \$ _____ Disapproved as submitted because _____

Authorized Signature _____ Date _____