



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

PART I APPLICATION: 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 under Section 355 of the Education Law of New York State.

1. Applicant's Name _____
 2. Social Security Number _____ 3. Stony Brook ID Number _____
 4. Email Address _____
 5. Campus Address _____ Zip _____ Phone Number _____
 6. Campus Where Employed _____ 7. Job Title _____

8. Present Employment Status (check one) Research Foundation Community College Employees University Employee

9. To be completed by University employees on State Payroll only.

NU classified: (Check one) 01 Security 02 Administrative 03 Operational 04 Institutional 05 PEF 06 M/C

NU unclassified 08 UUP 13 M/C Professional Other (define) _____

10. Highest Degree Earned: _____ Name of Instructing Campus you will be attending _____

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

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

(Approval of this request for SUNY tuition may justify a refund if tuition has already been paid. Laboratory and/or instructional fees may be included. College Fee, Student Activity Fee and other non-instructional fees are not allowed.)

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.					0.00%	
2.					0.00%	
3.					0.00%	

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.

Signature _____ Date _____

12. 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 3 copies to instructing unit

AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chair or Director)

VERIFICATION BY EMPLOYING UNIT'S HR OFFICE

Authorized Signature _____ Date _____ Authorized Signature _____ Date _____

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 _____

13. Part III. INSTRUCTING CAMPUS (State-operated SUNY)

Complete Part III

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

Authorized Signature _____ Date _____