

SUNY Canton's Employee Tuition Waiver Application
Covers B-140W and Campus Support

Please read thoroughly, fill out the application form completely, including required signatures, save completed application, and submit it through this [LINK](#). Funding notifications will come from Tina Flanagan or Michaela Young.

Criteria

Maximum # of Courses Allowed Per Semester*

Fall/Spring – 2 Courses/Semester (up to a max. of 8 cr. hrs.)

Winter/Summer – 1 Course/Semester (up to a max. of 4 cr. hrs.)

*The Maximum # of Courses Allowed Per Semester is inclusive of all courses taken in a semester that receive a waiver (whether funded through the union, College, cross registration, etc.).

SUNY Canton Courses Preferred

If a tuition waiver request is for a course SUNY Canton offers, the course **must** be taken through SUNY Canton and transferred back to the degree institution. If the course transfer would not be accepted by the degree institution, a justification as to why it will not be accepted and how taking this course will benefit you in your current position or towards your career path **must** be included.

Funding Amount (*tuition only*)

Approved waivers will be funded at the following rates:

SUNY Institution – Undergraduate/Graduate Courses – Institution's approved SUNY rate

Private Institution – Undergraduate Courses – SUNY Canton's approved rate

Private Institution – Graduate Courses – Stony Brook's approved rate

Course Completion Requirements and Agreement

Your most recent transcript **must** accompany this application.

Employee Agreement

- The employee **must** be on payroll at 50% or more for the entire semester that the waiver covers.
- If an employee separates from SUNY Canton within one year of the waived course(s), they will be billed for that course(s).
- The employee **must** submit their transcript within 30 days of the end of any waiver-funded semester.
- An employee failing a funded course(s) will be billed for repayment of that course(s).
 - Future tuition waiver applications will be suspended until repayment has been made in full.
 - Tuition waivers for a previously passed course will not be funded.
- An employee regularly failing funded courses will have their application privileges suspended for review.
- The employee **must** notify the Benefit's Coordinator if they drop a waived course(s) and **provide** a detailed explanation as to why they dropped the course(s). A determination as to the employee's responsibility for the cost of the course(s) will be made on a case-by-case basis.
- The employee **must** notify the Benefit's Coordinator if they decide to **not** take the course/accept the funding, so funds can be reallocated.

I, _____, agree to the terms listed above in the Employee Agreement section.

Sign (Your typed name serves as your signature.)

Date



STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

C2054-583 (rev. 4/83)

PART I. APPLICATION

Disclosure of Social Security numbers is voluntary and is used in processing student applications for tuition assistance. Authority to solicit Social Security number has been established under Section 355 of the Education Law of the State of New York.

1. Applicant's Name _____ 2. Person Number _____
3. Campus Where Employed _____ 4. Payroll Title _____
5. Present Employment Status (Check one) Research Foundation Employee Community College Employee University Employee (State Payroll)
- A. 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) _____
6. Highest Degree Earned _____ 7. Name of Campus You Will Be Attending _____
8. PLEASE DESCRIBE PROPOSED EDUCATIONAL PROGRAM (Reason for taking below-listed courses).

9. 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 Fees, 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.						
2.						
3.						

10. 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 of Applicant

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 3 copies to instructing unit.

11. AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chairman or Director) 12. VERIFICATION BY EMPLOYING UNIT'S PERSONNEL OFFICE:

Authorized Signature

Date

Authorized Signature

Date

13. 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

Application approved. Total Amount Waived \$_____

(Itemize Charges Waived Below and Explain Amended Dollar Amounts #13)

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.

Additional Information

Employee's Campus Title _____

Name of Degree Program _____

List **all** courses you are requesting a voucher or funding for, and check which program option you have applied to for funding and amount requested/received.

	Course 1	Course 2
Course Names		
Amount Requested/Received		
Funding Program Options		
Cross Registration		
UUP Waiver		
UUP IDAP		
Academic School Funds		
CSEA Voucher		
PBANYS Reimbursement		
PS&T (PEF) Voucher		
M/C Reimbursement		
Thirds Program		
Faculty/Staff Award		
B-140W		
Campus Funding		

Reminders

Have you uploaded your most recent transcript?

Do you need to upload a justification? (See SUNY Canton Courses Preferred section)

For Campus Support Use Only:

____ Approved ____ Disapproved Amount _____

____ Date _____

Campus Support Representative's Signature