

## SUNY TUITION WAIVER (B-140W)

### PROGRAM INSTRUCTIONS & APPLICATION

**UPDATED: December 2018**

Tuition support programs provide reimbursement for all or part of an employee's tuition cost. These programs usually restrict schools and/or courses covered. Some schools may defer payments for reimbursement program students. All of these programs require proof of successful completion of the course.

**NOTE: To avoid late fees and class cancellation, applicants should pay tuition when due as reimbursement notification may be delayed depending on the timing of fund allocation. There is no guarantee funding will be available.**

Tuition Waiver Program is an official "forgiveness" of part or all of the tuition (excluding fees) for a course taken at a State-operated campus. The program is available to all University and Research Foundation employees, and the percentage of tuition that can be waived is determined by the applicant's percentage of full-time employment, the degree to which the course is job related, and the available funding. The applicant must be admitted (or readmitted) to a participating school on a matriculated or non-matriculated basis.

- a. Complete **all** questions #1 through #12 in Part I of the **Application for Tuition and Fee Assistance (Form B-140W)**. **Be sure to sign and date the application. Your completed application must also be approved and signed by your supervisor in Part II, #13.**
- b. No more than **two** (2) credit hours per semester can be approved, based on available funding.
- c. Indicate the cost of your tuition. Laboratory and/or instructional fees may be included. University fees, Student Activity fees, and other non-instructional fees cannot be covered by the Tuition Waiver.
- d. The percentage of support requested should be no more than your percentage of full-time employment (i.e., if your FTE is 50 percent, you may apply for a 50 percent Tuition Waiver).
- e. **Forward the completed application to the Employee Benefits office no later than the end of the first week of classes.** Precedence will be given to on-time application submissions. If there are changes to the information given in your application after you have submitted the form, please notify Luanne Stento at [lstento@binghamton.edu](mailto:lstento@binghamton.edu) or call 777-6950.
- f. **In addition, you must complete a payment form and pay all applicable fees at the Student Accounts office.** Payment must be made by registration day. Payments made after registration day will be assessed a late payment fee. You will not be in registered status until you have completed all payment arrangements.
- g. A new application must be submitted to HR for each semester you wish to apply for waiver.

If you need additional assistance or information, please contact Luanne Stento in Human Resources at (607) 777-6950 or via email [lstento@binghamton.edu](mailto:lstento@binghamton.edu).

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

C2054-583 (December 2018)

**PART I: APPLICATION** Please read instructions on page one then complete PART I. Your supervisor must sign in PART II. Forward to the appropriate officer at the campus where you are employed so your department officer can complete Part II. (Separate applications are required for each semester).

1. Employee's Name \_\_\_\_\_ 2. Email Address \_\_\_\_\_

3. Campus Where Employed \_\_\_\_\_ 4. Budget Title \_\_\_\_\_

5. Employment Status (check one):

a. Research Foundation Employee:  Community College Employee:  University Employee (State Payroll):

b. **Check one:** Full Time:  or Part-Time:  c. If P/T, what % do you work? \_\_\_\_\_%

d. Negotiating Unit (check one): *to be completed by University employees on State Payroll only*

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 Current Instructing Campus \_\_\_\_\_

8. You may not receive reimbursement from multiple sources for the same course that would result in exceeding the cost of tuition. Are you receiving tuition funding from any other employee-based resources(s) for the courses listed below? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, where and what amount? \_\_\_\_\_

9. PLEASE DESCRIBE PROPOSED EDUCATIONAL PROGRAM (reason for taking course listed below).

10. Current Status (check one): Undergraduate Student \_\_\_\_\_ or Graduate Student \_\_\_\_\_ 11. B-Student No: \_\_\_\_\_

Course Name	Course No.	Semester and Year	Credit Hours	Cost of Each Course	% of Support Requested	Amount of SUNY Assistance Requested for Each Course (\$ Total)

12. I HEREBY APPLY FOR TUITION (AND FEE IF APPLICABLE) ASSISTANCE AS STATED ABOVE AND DECLARE MY INTENTION OF RETURNING TO MY POSITION. I UNDERSTAND THAT I MUST SATISFACTORILY COMPLETE THESE COURSES TO BE ELIGIBLE FOR MY TUITION WAIVER. I AM AWARE THAT TUITION ASSISTANCE RECEIVED EXCEEDING THE ANNUAL IRS-APPOINTED MAXIMUM ALLOWANCE CURRENTLY \$5,250 IS SUBJECT TO BEING REPORTED TO THE IRS BY THE BU PAYROLL OFFICE AS TAXABLE INCOME ON MY W-2, WHICH MAY AFFECT MY PAY CHECK(S) IN DECEMBER.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART II: TO BE COMPLETED BY APPROPRIATE OFFICERS AT EMPLOYING CAMPUS – COMPLETE PART II AND**

- a. If instruction will be given at employing unit proceed with campus internal policy for Part III approval.
- b. If instruction will be given at another SUNY unit, forward to instructing unit.

**13. AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chairman or Director)**

14. VERIFICATION BY EMPLOYING UNIT'S PERSONNEL OFFICE:

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

15. APPROVAL OF CHIEF ADMINISTRATIVE OFFICER:

Application approved for \_\_\_\_\_% level of support for a total amount of \$ \_\_\_\_\_ to be waived

Application disapproved as submitted because \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART III: INSTRUCTING CAMPUS (STATE-OPERATED SUNY) COMPLETE PART III AND FORWARD TO EMPLOYING CAMPUS**

Application approved. Total Amount Waived \$ \_\_\_\_\_ Course # \_\_\_\_\_

(Itemize Charges Waived Below and Explain Amended Dollar Amounts #15)

Disapproved as submitted because \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART IV: EMPLOYING CAMPUS FINAL ACTION** — Record disposition of application and distribute copy per internal procedure.