

SUNY Tuition Waiver Program

UH and LISVH Employees

Full time SBUH and LISVH state employees attending **4-Year SUNY Institutions only** (SUNY-Stony Brook, SUNY-Farmingdale, SUNY-Old Westbury, Empire State College, Downstate Medical Center, etc.) may receive a waiver of tuition for a **percentage** of **ONE COURSE ONLY**, to a **MAXIMUM of THREE CREDITS**, each Fall and Spring semester, based on available funding. This program is to be used for a course not covered by any union tuition support and cannot be combined with any other union-sponsored tuition support for the same course.

INSTRUCTIONS:

1. Obtain the B-140W Application Tuition Assistance form online through *The Pulse* by clicking on Benefits, Tuition Reimbursement, SUNY Tuition Waiver form, by contacting the Benefits office by email at Benefits@stonybrookmedicine.edu or by calling 444-4754. LISVH employees can obtain the application at the LISVH Human Resources office.
2. Complete the B-140W Application for Tuition Assistance form. **Please make sure that your form is filled out COMPLETELY and all information is legible so that your approval is not delayed. Incomplete applications will be returned.** If you have any questions, please call 444-4754. **DEADLINE TO SUBMIT: 08/14/2024 by 5:00 pm .** Applications received after the deadline will be placed on a wait list, with no guarantee of funding.
3. Return the B-140W form by email to Benefits@stonybrookmedicine.edu or fax to 631-759-9204 or by sending to Human Resources office, 31 Research Way, Suite 200, East Setauket, NY 11733 (Z=9212) by the **deadline** for consideration.
4. Approved B-140W forms will be returned to your Stony Brook Medicine email address beginning on **08/23/2024.** Please check your emails periodically.
5. Take your approved form to the Student Accounts Office where you pay your bill. If you have already paid your bill prior to receiving the approved assistance, you should request a refund.

If you do not attend the class as planned and will not be using your approved waiver, please notify the Benefits office immediately so we may offer the waiver to a wait listed employee.

Submission Deadline to submit Tuition

B140-W: 08/14/2024

West Campus and HSC Employees Please visit www.stonybrook.edu/benefits or contact Human Resources Services Department 632-6180

Date 06/03/2024



SBUH Employee ID _____

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

PART I: APPLICATION - Please read instructions on page one then complete PART I. Your supervisor must sign in PART II. Retain a copy for your records. Forward the original completed form to the Tuition Coordinator for consideration. (Separate applications are required for each semester)

1. Employee's Name _____ 2. Email Address _____
3. Employment Location (check one): SBUH [] LISVH [] 4. Payroll Title _____
5. Negotiating Unit (check one): to be completed by University Hospital 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 Already Earned _____ 7. School currently attending _____

8. Please describe your proposed educational program and the SPECIFIC reason for taking the course listed below. A statement of "working towards XX degree" is not sufficient. Please describe how the course will assist your current position or future career goals.

9. Course Level (check one): Undergraduate Graduate 10. College Student ID Number _____

11. List course for which approval is requested by this application below-
(Approval of this request for SUNY tuition may justify a refund if tuition has already been paid. College Fee, Student Activity Fee and other non-instructional fees will not be waived)

Table with 7 columns: Course Name, Catalog Number, Semester and Year, # of Credits, Cost of Credit(s), % of Support Requested, Amount of SUNY Assistance Requested for Cost of Credit(s). Row 1: 100%

12. 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 MY TUITION WAIVER.

Employee Signature: _____ Date: _____

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

- a. If instruction will be given at employing agency, proceed with agency internal policy for Part III approval.
b. If instruction will be given at another SUNY campus, forward 3 copies to instructing unit.

13. AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chairman or Director) 14. VERIFICATION BY EMPLOYING UNIT'S HR OFFICE:

Supervisor Signature _____ Date _____ Authorized Signature _____ Date _____

15. TUITION COORDINATOR APPROVAL:

- [] Application approved for _____ % of course fee for a total amount of \$ _____ to be waived.
[] Application disapproved as submitted because _____

Authorized Signature: _____ Date: _____

PART III: INSTRUCTING CAMPUS (STATE-OPERATED SUNY) COMPLETE PART III

- [] Application approved for a total Amount of \$ _____ to be waived
[] Disapproved as submitted because _____

Authorized Signature _____ Date _____