SUNY POLYTECHNIC INSTITUTE

APPLICATION FOR UUP/STATE EMPLOYEE TUITION ASSISTANCE

> *Send to SUNY Polytechnic Institute:*
> *Fax: 315-792-7802 –or–*
> *Email: registrar@sunypoly.edu –or–*
> *Mail: Registrar's Office, 100 Seymour Rd, Utica, NY 13502*

Applicant's name: _____ Employee's SUNY Poly ID U#: _____

Applicant's email: _____

Campus where employed: _____ Title/Department: _____

Campus address: _____

Daytime telephone number: _____

Employment status:

Check one: ☐ Faculty ☐ Professional

Check one: ☐ Temporary ☐ Term ☐ Continuing/Permanent

Please describe proposed education program: _____

Do you wish to take the course for ☐ credit or ☐ non credit (audit)?

Course Subject	Course #	CRN	Credit Hours	Semester & Year

Please note that this is a tuition waiver only. Students are responsible for all associated fees by the billing due dates.

_____ _____
Signature of Applicant Date

_____ _____
Authorization by Applicant's Supervisor Date

_____ _____
Verification by Office of Human Resources (where employed) Date

_____
Human Resources Fax Number (where employed)

_____ _____
Verification by SUNY Poly Registrar Date

TA - 103 (3/2017)   Distribution: Registrar, Bursar, Human Resources, Supervisor, Applicant