UUP Tuition Assistance Application

Name: _____   SUNY Poly U#: _____

Email: _____   Phone Number: _____

Campus: _____   Position / Title: _____
(Where Employed)

Employment Status: ☐ Faculty   ☐ Professional

☐ Full - Time   ☐ Part - Time   ☐ Temporary   ☐ Continuing / Permanent

SUNY Poly Educational Program: _____

Do you wish to receive credit for this course?   ☐ Credit   ☐ Non-Credit (Audit)

Course Subject	Course #	CRN	Credit Hours	Semester & Year

Applicant's Signature: _____   Date _____

Supervisor's Signature: _____   Date _____

Human Resources Verification: _____   Date _____
(Where Employed)

Registrar Verification: _____   Date _____
(SUNY Poly)

For *Confirmation of Receipt*, please provide the employer's campus information below:

Human Resources Fax: _____   Human Resources Email: _____

Distribution: Applicant, Supervisor, Human Resources, Registrar, Bursar

This application is for tuition waiver only. Students are responsible for all associated fees by the billing due dates.

For Submission to SUNY Polytechnic Institute Registrar's Office
Email: registrar@sunypoly.edu   **Fax:** 315 - 792 - 7802