



**APPLICATION FOR UUP/STATE  
EMPLOYEE TUITION ASSISTANCE**

*If faxing this form (315-792-7802), you must mail the original to Registrar's Office, SUNYIT, PO Box 3050, Utica, NY 13504-3050*

Applicant's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Campus where employed \_\_\_\_\_ Title \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

**Employment Status:**

Check one:  Faculty  Professional

Check one:  Temporary  Term  Continuing/Permanent

Name of Instructing Campus \_\_\_\_\_

Please describe proposed education program (reason for taking below-listed course):

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

Course Name	Catalog No.	Credit Hours	Semester & Year

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorization by Applicant's Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verification by Office of Human Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verification by College Registrar

\_\_\_\_\_  
Date