

UUP EMPLOYEE TUITION-FREE WAIVER

Eligibility: When space is available, employees may enroll in a course on a tuition-free basis at any four-year SUNY school subject to the following requirements:

1. You must complete the necessary forms with either Undergraduate or Graduate Admissions prior to applying for a UUP Tuition Waiver
2. Employees must meet course pre-requisites
3. All fees other than tuition shall be paid by employees
4. Employees may use one waiver per semester and special session (*ex: summer session and intersession*)
5. The course is conducted in a physical classroom or a recognized satellite site and maintains an enrollment cap (*maximum number of students allowed to enroll for the course*)
6. You may not take advantage of a UUP Tuition Waiver if you have outstanding holds on your account. Please see Student Accounts to clear any such holds.

Name: _____ Title: _____

Employing Campus: _____

DISCIPLINE CODE	COURSE & SECTION #	SEMESTER & YEAR	CREDIT HOURS	COST OF COURSE

I certify that the course listed above is a **classroom-based course** and/or **recognized satellite site** not for individual, independent study, thesis guidance, dissertations, etc.

Instructor's Signature: _____ Date (MM/DD/YYYY): _____

Instructor's Name (Print): _____

I certify that I have read the guidelines for using a UUP Space Available Waiver and attest that the course listed above is a **classroom-based course** and/or a **recognized satellite site** not for individual instruction, independent study, thesis guidance, dissertations, etc. and that I will not register for this class prior to the registration date(s) for these waivers.

Employee/Student's Signature: _____ Date (MM/DD/YYYY): _____

HUMAN RESOURCE SERVICES:

This is to certify that the applicant is currently covered under **ARTICLE 49 (Program for Tuition Assistance)** of the current UUP Agreement and is eligible for one course, tuition free, on a "space available" basis.

Name of HR (Print): _____ Signature: _____ Date (MM/DD/YYYY): _____

REGISTRAR:

Credit Hours: _____ Registration Date (MM/DD/YYYY): _____

Registration Completed by: _____ Date (MM/DD/YYYY): _____

BURSAR: Tuition Cost: _____

Original form to: Bursar
Copies to: Human Resource Services/Registrar/Employee