



Application for Tuition Waiver

Department _____ Semester _____ Academic Year _____

Instructions: Please fill out the entire form and sign it. Please have your department chair sign and return to the Graduate Studies office for final approval. The Graduate Studies office will forward the form to the Student Accounts Office for processing. A copy of the form will be sent **to the address you provide below** as confirmation that the tuition waiver has been credited to your account. A Tuition Waiver form must be submitted for each semester of your appointment.

Last Name _____ First Name _____ Fredonia ID # _____

Address _____ City _____ State _____ Zip Code _____

Type of Appointment	Terms of Appointment
<input type="radio"/> Graduate Assistant <input type="radio"/> Fellow <input type="radio"/> Teaching Assistant <input type="radio"/> Intern <input type="radio"/> Research Assistant <input type="radio"/> Part-time Faculty	Stipend per Academic Year _____ Number of Credit Hours Waived Tuition Allowed _____ Maximum Hours per Week of Dept. Duties _____

Tuition-Waived Courses (must not exceed awarded credit hours)		
Course Number	Course Title	Credit Hours

Tuition Assistance Award and/or State University Scholarship Status (check one)	
<input type="checkbox"/> I have applied (Check & attach one of the following as support) <input type="checkbox"/> College copy of Award Certificate issued by the State Education Department <input type="checkbox"/> Copy of student payment application submitted to the State Education Department (first page of Form SFA-14) <input type="checkbox"/> I certify that I submitted a student payment application to the State Education Department for TAP and/or SUS. I have had no response as of the date of this waiver application. TAP/SUS Application Date _____	<input type="checkbox"/> I have not applied (Check one of the following as support) <input type="checkbox"/> Combined family net taxable income over \$20,000 (attach copies of NYS income tax returns or appropriate affidavit available in the Student Accounts office) <input type="checkbox"/> Non-resident of New York State <input type="checkbox"/> Not enrolled in a degree program <input type="checkbox"/> Not making normal progress toward a degree

Applicant Signature _____ Date _____

Approved Disapproved

Chair/Director Signature _____ Date _____

Dean, College of Education Signature (if applicable) _____ Date _____ AVP for Graduate Studies & Research Signature _____ Date _____