



**EMPIRE STATE  
UNIVERSITY**

**United University Professions Tuition Waiver**

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**Who should use this form?**

Qualified UUP tuition waiver recipients taking courses at Empire State University.

To qualify for this UUP tuition waiver, you must be employed by a participating SUNY school and be represented by the UUP Bargaining Unit during the semester in which you wish to receive a UUP tuition waiver for a course. The represented campus list can be found at <https://uupinfo.org/directory/chapters/>.

**Part I (to be completed by applicant)**

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1. Name (please print) \_\_\_\_\_

2. Address \_\_\_\_\_

3. Phone (work) \_\_\_\_\_ (cell) \_\_\_\_\_

4. Email \_\_\_\_\_ SUNY Empire ID# **B0** \_\_\_\_\_

5. Campus where employed \_\_\_\_\_

6. Official Title \_\_\_\_\_

7. Semester  fall  spring  summer Year \_\_\_\_\_

8. Name of course \_\_\_\_\_

9. Employee signature \_\_\_\_\_

**In accordance with Article 49 of the Agreement between United University Professions and the State of New York, employees may enroll in one course tuition-free per term (fall, spring, summer) on a space available basis. All fees other than tuition are the responsibility of the employee. This waiver cannot be used for a Just in Time (JIT) section or Totally Individualized Study (TIS) section.**

**Part II (to be completed by employing campus prior to submitting to Student Accounts)**

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10. Verification by Human Resource Official.

By signing this form, I am confirming the student referenced above is currently a UUP represented employee at our institution.

Authorized HR signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

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**Send this completed form to SUNY Empire Student Accounts at [studentaccounts@SUNYEmpire.edu](mailto:studentaccounts@SUNYEmpire.edu).**