

Buffalo State College

Tuition and Fees Exemption for Special Programs

Program Information

Program Title: _____

Sponsor: _____

Project Director: _____

Instructors: _____

Course Information

Title: _____ Call Number(s): _____

Semester: _____ Credit Hours: _____

**NAMES OF STUDENTS AND THEIR SOCIAL SECURITY NUMBERS
MUST BE LISTED ON SEPARATE ATTACHMENT**

Financial Certification

I certify that funding for the above program is provided in accordance with the policies of SUCB and SUNY covering third-party funded programs and request an exemption from tuition charges for the following names students.

Signature of Project Director

Date

Financial Verification

The above program does or does not qualify for tuition exemption based on budgetary information supplied to the Research Foundation.

Signature of Research Foundation Endorsing Designee

Date

Academic Approval

Signature of Provost & V.P. for Academic Affairs

Date

If you have any questions about this form, please contact the Research Foundation Office at ext. 6700.

