

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.

