University at Buffalo
Student Accounts

Critic Teacher Waiver ElectionForm

Return form to: University at Buffalo
Student Accounts at 1Capen
Capen Hall
Buffalo, NY 14260
Phone: 716-645-1800 Fax: 716-645-7771
Email: UBstudentaccounts@buffalo.edu

Deadlines for Submissions of Election Forms:	
Fall Semester:	February 1st
Spring Semester:	July 1st
Summer Semester:	September 1st

Date: _____

$250 Waiver of Tuition: _____

Semester/Year: Fall: _____ Spring: _____ Summer: _____

Last Name: _____ First Name: _____ Person Number: _____

Home Address: _____

_____ _____ _____
City State Postal Code

Signature of Supervising Teacher _____

To Be Completed By the Department

School District Code Number: _____ School District Name: _____

Student Name: _____ Person Number: _____

Department: _____ Authorized Signature: _____

Supervising School Name: _____ Principal Name: _____

Address: _____

_____ _____ _____
City State Postal Code

Faculty/School Use- Approval for Issuance	**Student Accounts Use Only**
Teaching Course # _____	Voucher # _____ Document # _____
Dean's Signature: _____	Batch # _____ Date Submitted _____
Date: _____	Rev. Expense Doc. # _____