MONROE TOWNSHIP SCHOOL DISTRICT

Pre-Registration for Educational Assistance Benefit Determination Form

This form must be submitted for approval at least 10 days prior to the start of class to be eligible for reimbursement.

PLEASE PRINT

Employee Name: CHARI R. CHANLEY

Employee Location: SUPERINTENDENT'S OFFICE

Employee Grade/Subject/Assignment: ACTING SUPERINTENDENT

Name of College or University: ROWAN UNIVERSITY

List Course Information below (course numbers must be listed)

Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
#EDST 24795	#	DISSERTATION CREDIT	SPRING 2022	1
#	#			
#	#			

Is this course(s) needed to maintain present certification?	☐ Yes	☑ No
Is this course(s) being taken at an accredited college/university?	☑ Yes	☐ No
Is the course(s) at the graduate level?	☑ Yes	☐ No

**Only eligible non-certificated staff members may take undergraduate courses*

**Only TENURED staff are eligible for Educational Assistance*

By signing below, I agree that in the event that I fail to remain employed by the Board for two (2) years following the completion of the courses/program for which I receive reimbursement, I will be required to reimburse the Board 100% of the tuition reimbursement I will receive as a result of this request for educational reimbursement.

Employee Signature — **Date** 12/14/2021

Approval:

☑ Yes, provided you have not reached the maximum yearly allowance.

☐ No

Signature of Superintendent or Superintendent's Designee — **Date** 12/14/2021

****

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 24795	#2	#3	Total
Tuition	$ 852./24.28	$	$	$ 876.28
Grade Received				
			Grand Total	$ 876.28
			Less other current year reimbursement for previously submitted classes	$ 876.28

Please attach official transcripts with proof of payment and class schedule for reimbursement.
Evidence of completion for your course(s) must be submitted within 30 days after the end of the semester.

Superintendent Approval — **Date** 6/22/2022

eligible for reimbursement.

PLEASE PRINT

Employee Name: CHART - CHANLEY

Employee Location: MTMS

Employee Grade/Subject/Assignment: PRINCIPAL

Name of College or University: ROWAN UNIVERSITY

List Course Information below (course numbers must be listed)

Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
# EDST 2479S	#	DISSERTATION	FALL 2021	1
#	#			
#	#			

Is this course(s) needed to maintain present certification?	☐ Yes	☒ No
Is this course(s) being taken at an accredited college/university?	☒ Yes	☐ No
Is the course(s) at the graduate level?	☒ Yes	☐ No

Only eligible non-certificated staff members may take undergraduate courses

Only TENURED staff are eligible for Educational Assistance

By signing below, I agree that in the event that I fail to remain employed by the Board for two (2) years following the completion of the courses/program for which I receive reimbursement, I will be required to reimburse the Board 100% of the tuition reimbursement I will receive as a result of this request for educational reimbursement.

Employee Signature — **Date** 8/18/2021

Approval:

☒ Yes, provided you have not reached the maximum yearly allowance.

☐ No

Signature of Superintendent or Superintendent's Designee — **Date** 8/19/21

****

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 EDST 2479S	#2	#3	Total
Tuition	$ 852.00	$	$	$
Grade Received	P			
			Grand Total	$ 852.00
Less other current year reimbursement for previously submitted classes				$ 852.00

Please attach official transcripts with proof of payment and class schedule for reimbursement.
Evidence of completion for your course(s) must be submitted within 30 days after the end of the semester.

Signature of Administrator — **Date**

Superintendent Approval — **Date** 2/16/22

Revised 6/2018

MONROE TOWNSHIP SCHOOL DISTRICT

Pre-Registration for Educational Assistance Benefit Determination Form

This form must be submitted for approval at least 10 days prior to the start of class to be eligible for reimbursement.

PLEASE PRINT

Employee Name:	CHARI K. CHANLEY
Employee Location:	MTMS
Employee Grade/Subject/Assignment:	PRINCIPAL
Name of College or University:	ROWAN UNIVERSITY

List Course Information below (course numbers must be listed)

Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
#EDST 24795	#	DISSERTATION RESEARCH	SUMMER 2021	1
#	#			
#	#			

Is this course(s) needed to maintain present certification?	☐ Yes	☑ No
Is this course(s) being taken at an accredited college/university?	☒ Yes	☐ No
Is the course(s) at the graduate level?	☒ Yes	☐ No

**Only eligible non-certificated staff members may take undergraduate courses*

**Only TENURED staff are eligible for Educational Assistance*

By signing below, I agree that in the event that I fail to remain employed by the Board for two (2) years following the completion of the courses/program for which I receive reimbursement, I will be required to reimburse the Board 100% of the tuition reimbursement I will receive as a result of this request for educational reimbursement.

5/6/2021

Employee Signature **Date**

Approval:

☒ Yes, provided you have not reached the maximum yearly allowance.

☐ No

5/11/21

Signature of Superintendent or Superintendent's Designee **Date**

****

REQUEST FOR EDUCATIONAL REIMBURSEMENT – **Must be completed entirely**

Course	#1 EDST 24795	#2	#3	Total
Tuition	$ 886.00	$	$	$ 886.00
Grade Received	I			
			Grand Total	$ 886.00
Less other current year reimbursement for previously submitted classes				$ 886.00

Please attach official transcripts with proof of payment and class schedule for reimbursement.
Evidence of completion for your course(s) must be submitted within 30 days after the end of the semester.

9/10/2021

Signature of Administrator **Date**

9/10/21

Superintendent Approval **Date**

Revised 6/2018

MONROE TOWNSHIP SCHOOL DISTRICT

Pre-Registration for Educational Assistance Benefit Determination Form

This form must be submitted for approval at least 10 days prior to the start of class to be eligible for reimbursement.

PLEASE PRINT	
Employee Name:	CHARI R. CHANLEY
Employee Location:	MTMS
Employee Grade/Subject/Assignment:	PRINCIPAL
Name of College or University:	ROWAN UNIVERSITY

List Course Information below (course numbers must be listed)

Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
#EDST 24095	#	DISSERTATION RESEARCH	FALL 2019	1
#	#			
#	#			

Is this course(s) needed to maintain present certification?	☐ Yes	☒ No
Is this course(s) being taken at an accredited college/university?	☒ Yes	☐ No
Is the course(s) at the graduate level?	☒ Yes	☐ No

**Only eligible non-certificated staff members may take undergraduate courses*
**Only TENURED staff are eligible for Educational Assistance*

By signing below, I agree that in the event that I fail to remain employed by the Board for two (2) years following the completion of the courses/program for which I receive reimbursement, I will be required to reimburse the Board 100% of the tuition reimbursement I will receive as a result of this request for educational reimbursement.

Employee Signature — **Date** 9/9/2019

Approval:

☒ Yes, provided you have not reached the maximum yearly allowance.

☐ No

Signature of Superintendent or Superintendent's Designee — **Date** 9/9/19

****

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 EDST 24095	#2	#3	Total
Tuition	$ 886.00	$	$	$
Grade Received	P			
			Grand Total	$ 886.00
			Less other current year reimbursement for previously submitted classes	$ 886.00

Please attach official transcripts with proof of payment and class schedule for reimbursement.
Evidence of completion for your course(s) must be submitted within 30 days after the end of the semester.

Signature of Administrator (after course completion) — **Date** 1/13/2020

Superintendent Approval — **Date** 1/16/20

Revised 2/2019

MONROE TOWNSHIP SCHOOL DISTRICT

Pre-Registration for Educational Assistance Benefit Determination Form

This form must be submitted for approval at least 10 days prior to the start of class to be eligible for reimbursement.

PLEASE PRINT

Employee Name:	CHARI R. CHANLEY
Employee Location:	MTMS
Employee Grade/Subject/Assignment:	PRINCIPAL
Name of College or University:	ROWAN UNIVERSITY

List Course Information below (course numbers must be listed)

Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
# EDST	# 24795	DISSERTATION RESEARCH	SUMMER 2019	1
#	#			
#	#			

Is this course(s) needed to maintain present certification?	☐ Yes	☒ No
Is this course(s) being taken at an accredited college/university?	☒ Yes	☐ No
Is the course(s) at the graduate level?	☒ Yes	☐ No

**Only eligible non-certificated staff members may take undergraduate courses*

**Only TENURED staff are eligible for Educational Assistance*

By signing below, I agree that in the event that I fail to remain employed by the Board for two (2) years following the completion of the courses/program for which I receive reimbursement, I will be required to reimburse the Board 100% of the tuition reimbursement I will receive as a result of this request for educational reimbursement.

Employee Signature — **Date** 6/6/2019

Approval:

☒ Yes, provided you have not reached the maximum yearly allowance.

☐ No

Signature of Superintendent or Superintendent's Designee — **Date** 6/10/19

****

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 EDST 24795	#2	#3	Total
Tuition	$ 875.00	$	$	$ 875.00
Grade Received	P			
			Grand Total	$ 875.00
Less other current year reimbursement for previously submitted classes				$

Please attach official transcripts with proof of payment and class schedule for reimbursement.
Evidence of completion for your course(s) must be submitted within 30 days after the end of the semester.

Signature of Administrator (after course completion) — **Date** 9/11/2019

Superintendent Approval — **Date** 9/12/19

Revised 2/2019

MONROE TOWNSHIP SCHOOL DISTRICT

Pre-Registration for Educational Assistance Benefit Determination Form

This form must be submitted for approval at least 10 days prior to the start of class to be eligible for reimbursement.

PLEASE PRINT

Employee Name: CHARI R. CHANLEY

Employee Location: MTMS

Employee Grade/Subject/Assignment: PRINCIPAL

Name of College or University: ROWAN UNIVERSITY

List Course Information below (course numbers must be listed)

Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
# EDST	#	DISSERTATION RESEARCH	SPRING 2019	1
#	#			
#	#			

Is this course(s) needed to maintain present certification?	☐ Yes	☑ No
Is this course(s) being taken at an accredited college/university?	☑ Yes	☐ No
Is the course(s) at the graduate level?	☑ Yes	☐ No

**Only eligible non-certificated staff members may take undergraduate courses*

**Only TENURED staff are eligible for Educational Assistance*

By signing below, I agree that in the event that I fail to remain employed by the Board for two (2) years following the completion of the courses/program for which I receive reimbursement, I will be required to reimburse the Board 100% of the tuition reimbursement I will receive as a result of this request for educational reimbursement.

[signature] 1/3/2019

Employee Signature **Date**

Approval:

☑ Yes, provided you have not reached the maximum yearly allowance.

☐ No

[signature] 1/8/19

Signature of Superintendent or Superintendent's Designee **Date**

****

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 EDST	#2	#3	Total
Tuition	$ 875.00	$	$	$
Grade Received	P			
			Grand Total	$ 875.00
			Less other current year reimbursement for previously submitted classes	$ 875.00

Please attach official transcripts with proof of payment and class schedule for reimbursement.
Evidence of completion for your course(s) must be submitted within 30 days after the end of the semester.

[signature] 5/21/2019

Signature of Administrator **Date**

[signature] 5/29/19

Superintendent Approval **Date**

Revised 6/2018

MONROE TOWNSHIP SCHOOL DISTRICT

Pre-Registration for Educational Assistance Benefit Determination Form

This form must be submitted for approval at least 10 days prior to the start of class to be eligible for reimbursement.

RECEIVED JUL 16 RECD

PLEASE PRINT	
Employee Name:	CHARI CHANLEY
Employee Location:	MONROE TOWNSHIP MIDDLE SCHOOL
Employee Grade/Subject/Assignment:	PRINCIPAL
Name of College or University:	LIBERTY UNIVERSITY

List Course Information below (course numbers must be listed)

Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
# 417597	#	TEACHING THE COLLEGE STUDENT	FALL 2018	3
#	#			
#	#			

Is this course(s) needed to maintain present certification?	☐ Yes	☑ No
Is this course(s) being taken at an accredited college/university?	☑ Yes	☐ No
Is the course(s) at the graduate level?	☑ Yes	☐ No

**Only eligible non-certificated staff members may take undergraduate courses*

**Only TENURED staff are eligible for Educational Assistance*

By signing below, I agree that in the event that I fail to remain employed by the Board for two (2) years following the completion of the courses/program for which I receive reimbursement, I will be required to reimburse the Board 100% of the tuition reimbursement I will receive as a result of this request for educational reimbursement.

[signature] 7/13/2018

Employee Signature **Date**

Approval:

☒ Yes, provided you have not reached the maximum yearly allowance.

☐ No

[signature] 7/18/18

Signature of Superintendent or Superintendent's Designee **Date**

****

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 417597	#2	#3	Total
Tuition	$ 1950.00	$	$	$
Grade Received	B			
			Grand Total	$ 1950.00
			Less other current year reimbursement for previously submitted classes	$ 1950.00

Please attach official transcripts with proof of payment and class schedule for reimbursement.
Evidence of completion for your course(s) must be submitted within 30 days after the end of the semester.

[signature] 10/23/18

Signature of Administrator **Date**

[signature] 10/27/18

Superintendent Approval **Date**

Revised 6/2018

Monroe Township Public Schools

Pre-Registration for Educational Assistance Benefit Determination Form

This form must be submitted for approval at least 10 days prior to the start of class to be eligible for reimbursement.

Name: CHARI CHANLEY Employee Signature _____

Date: 8/14/15 Current School/Grade/Subject/Assignment: MTMS / PRINCIPAL

Name of College or University: ROWAN UNIVERSITY

Courses (*course numbers must be listed*):

Graduate	*Undergraduate* *	*Title of Course(s)*	*Date(s) of Courses*	*Credits*
# 43517 EDST 24795IC	#	DISSERTATION RESEARCH	FALL 2015	1
#	#			
#	#			

**Only eligible non-certificated staff members may take undergraduate courses*
**Only TENURED staff are eligible for Educational Assistance.*

___yes ✓ no Is this course(s) needed to maintain present certification?
✓ yes ___ no Is this course(s) being taken at an accredited college/university?
✓ yes ___ no Is the course(s) a graduate level course?

APPROVED
✓ **Yes, provided you haven't reached the maximum yearly allowance**
___ **No**

Marilyn P Kuzyk 9/2/15
Signature of Superintendent or Superintendent's Designee ***Date***

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 EDST 24795IC	#2	#3	Total
Tuition	$ 855.00	$	$	$ 855.00
Grade Received	P			
			Grand Total	$ 855.00
Less other current year reimbursement for previously submitted classes				$ 855.00

Please attach official transcripts with proof of payment and class schedule for reimbursement.

_____ SIGN HERE 1/5/16
Signature of Administrator ***Date***

Marilyn P Kuzyk 1/6/16
Superintendent Approval & Date

Revised 6/22/15

Monroe Township Public Schools

Pre-Registration for Educational Assistance Benefit Determination Form

Name: Chari R. Chanley Employee Signature _____

Date: December 10, 2012

Current School/Grade/Subject/Assignment: Monroe Township Middle School

Name of College or University: Rowan University

Courses (*course numbers must be listed*):

Graduate	*Undergraduate* *	*Title of Course(s)*	*Date(s) of Courses*	*Credits*
#EDST24795	#	Dissertation Research	Spring 2013	1
#	#			
#	#			

**Only eligible non-certificated staff members may take undergraduate courses*

_____yes __x__ no Is this course(s) needed to maintain present certification?
__X__yes _____no Is this course(s) being taken at an accredited college/university?
__X__yes _____no Is the course(s) a graduate level course?
_____yes _____no Does the coursework count toward the teacher's PIP / 100 hours?

APPROVED

__✓__ **Yes, provided you haven't reached the maximum yearly allowance**
_____ **No.**

Kenneth R. Hamilton — 12/14/12

Signature of Superintendent or Superintendent's Designee ***Date***

REQUEST FOR EDUCATIONAL REIMBURSEMENT

Course	#1	#2	#3	Total
Tuition	$ 840.00	$	$	$ 840.00
Grade Received	P			
			Grand Total	$ 840.00
Less other current year reimbursement for previously submitted classes				$ 840.00

Please attach official transcripts with submittal for reimbursement.

_____ 6/4/13

Signature of Administrator ***Date***

Kenneth R. Hamilton 6/4/13

Superintendent Approval & Date

Monroe Township Pub c Schools

Pre-Registration for Educational Assistance Benefit Determination Form

Name: Chari R. Chanley Employee Signature _____

Date: July 7, 2012

Current School/Grade/Subject/Assignment: Monroe Township Middle School

Name of College or University: Rowan University

Courses (*course numbers must be listed*):

Graduate	*Undergraduate* *	*Title of Course(s)*	*Date(s) of Courses*	*Credits*
#EDST24795	#	Dissertation Research	Fall 2012	1
#	#			
#	#			

**Only eligible non-certificated staff members may take undergraduate courses*

_____yes ___X_no Is this course(s) needed to maintain present certification?
___X_yes _____no Is this course(s) being taken at an accredited college/university?
___X_yes _____no Is the course(s) a graduate level course?
_____yes _____no Does the coursework count toward the teacher's PIP / 100 hours?

APPROVED

✓ **Yes, provided you haven't reached the maximum yearly allowance**

_____ **No.**

Kenneth P. Hamilton — 8/7/12

Signature of Superintendent or Superintendent's Designee — ***Date***

REQUEST FOR EDUCATIONAL REIMBURSEMENT

Course	#1	#2	#3	Total
Tuition	$ 870.00	$	$	$ 870.00
Grade Received	P			
			Grand Total	$ 870.00
Less other current year reimbursement for previously submitted classes				$ 870.00

Please attach official transcripts with submittal for reimbursement.

_____ — 1/14/13

Signature of Administrator — ***Date***

Kenneth P Hamilton — 1/15/13

Superintendent Approval & Date

Monroe Township Public Schools

Pre-Registration for Educational Assistance Benefit Determination Form

Name: Chari R. Chanley Employee Signature: [signature]

Date: December 1, 2011

Current School/Grade/Subject/Assignment: Monroe Township Middle School

Name of College or University: Rowan University

Courses (*course numbers must be listed*):

Graduate	*Undergraduate* *	*Title of Course(s)*	*Date(s) of Courses*	*Credits*
#EDST24795	#	Dissertation Research	Spring 2012	1
#	#			
#	#			

**Only eligible non-certificated staff members may take undergraduate courses*

____yes _x_ no Is this course(s) needed to maintain present certification?
_x_ yes ____ no Is this course(s) being taken at an accredited college/university?
_x_ yes ____ no Is the course(s) a graduate level course?
____yes ____ no Does the coursework count toward the teacher's PIP / 100 hours?

APPROVED

__✓__ **Yes, provided you haven't reached the maximum yearly allowance**

____ **No.**

[signature] 12/1/11

Signature of Superintendent or Superintendent's Designee ***Date***

REQUEST FOR EDUCATIONAL REIMBURSEMENT

Course	#1 EDST 24795	#2	#3	Total
Tuition	$ 830.00	$	$	$ 830.00
Grade Received	P			
			Grand Total	$ 830.00
Less other current year reimbursement for previously submitted classes				$ 830.00

Please attach official transcripts with submittal for reimbursement.

[signature] 5/18/12

Signature of Administrator ***Date***

Kenneth R. Hamilton

Superintendent Approval & Date

Monroe Township Public Schools

Pre-Registration for Educational Assistance Benefit Determination Form

Name: Chari R. Chanley Employee Signature _____

Date: September 7, 2011

Current School/Grade/Subject/Assignment: Monroe Township Middle School

Name of College or University: Rowan University

Courses (*course numbers must be listed*):

Graduate	*Undergraduate* *	*Title of Course(s)*	*Date(s) of Courses*	*Credits*
#EDST24795	#	Dissertation Research	Fall 2011	1
#	#			
#	#			

**Only eligible non-certificated staff members may take undergraduate courses*

_____yes __x__ no Is this course(s) needed to maintain present certification?
__X__yes _____no Is this course(s) being taken at an accredited college/university?
__X__yes _____no Is the course(s) a graduate level course?
_____yes _____no Does the coursework count toward the teacher's PIP / 100 hours?

APPROVED

Yes, provided you haven't reached the maximum yearly allowance

No.

Kenneth P. Hamilton — 9/14/11

Signature of Superintendent or Superintendent's Designee ***Date***

REQUEST FOR EDUCATIONAL REIMBURSEMENT

Course	#1	#2	#3	Total
Tuition	$ 830.00	$	$	$ 830.00
Grade Received	P			
			Grand Total	$ 830.00
Less other current year reimbursement for previously submitted classes				$ 830.00

Please attach official transcripts with submittal for reimbursement.

_____ 1/9/12

Signature of Administrator ***Date***

Kenneth P. Hamilton

Superintendent Approval & Date

ADMINISTRATORS ONLY

To HR 6/6/11

Monroe Township Public Schools

Pre-Registration for Educational Assistance Benefit Determination Form

Name: Chari R. Chanley Employee Signature _____

Date: January 3, 2011

Current School/Grade/Subject/Assignment: Applegarth Middle School/School Principal

Name of College or University: Rowan University

Courses (*course numbers must be listed*):

Graduate	*Undergraduate**	*Title of Course(s)*	*Date(s) of Courses*	*Credits*
#EDST24795/2C	#	Dissertation Research	Spring 2011	2
#EDST24795/4C	#	Dissertation Research	Spring 2011	4
#EDST24795/6C	#	Dissertation Research	Spring 2011	6

**Only eligible non-certificated staff members may take undergraduate courses*

_____yes X no Is this course(s) needed to maintain present certification?
X yes __ no Is this course(s) being taken at an accredited college/university?
X yes _____no Is the course(s) a graduate level course?
X yes _____no Does the coursework count toward the teacher's PIP / 100 hours?

APPROVED

✓ **Yes, provided you haven't reached the maximum yearly allowance**
_____ **No.**

Kenneth R Hamilton 1/6/11
Signature of Superintendent or Superintendent's Designee ***Date***

REQUEST FOR EDUCATIONAL REIMBURSEMENT

Course	#1	#2	#3	Total
Tuition	$ 1154.00	$2308.00	$3462.00	$ 6924.00 ✓
Enrollment/lab/ books/other fees	$	$	$	$ 159.39 ✓
Grade Received	P	P	P	
			Grand Total	$7083.39 ✓
Less other current year reimbursement for previously submitted classes				$ ~~7083.39~~

Please attach official transcripts with submittal for reimbursement.

Kenneth R Hamilton 6/2/11
Signature of Administrator ***Date***