

Pre-Registration for Educational Assistance Benefit Determination Form

PLEASE PRINT

**Only TENURED staff are eligible for Educational Assistance*

Date _____

☐ No

Date _____

Date _____

PLEASE PRINT				
Employee Name: <u>CHARI - CHANLEY</u>				
Employee Location: <u>MTMS</u>				
Employee Grade/Subject/Assignment: <u>PRINCIPAL</u>				
Name of College or University: <u>ROWAN UNIVERSITY</u>				
List Course Information below (course numbers must be listed)				
Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
# <u>EDST 2475</u>	#	<u>DISSERTATION</u>	<u>FALL 2021</u>	<u>1</u>
#	#			
#	#			
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.

8/18/2021

 Employee Signature Date

Approval:

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

☐ No

8/19/21

 Signature of Superintendent or Superintendent's Designee Date

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 <u>EDST 2475</u>	#2	#3	Total
Tuition	\$ <u>852.00</u>	\$	\$	\$
Grade Received	<u>P</u>			
Grand Total				\$ <u>852.00</u>
Less other current year reimbursement for previously submitted classes				\$ <u>852.00</u>

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
2/16/2021

 Superintendent Approval Date

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.

Employee Name: <u>CHARI R. CHAWLEY</u>				
Employee Location: <u>MTMS</u>				
Employee Grade/Subject/Assignment: <u>PRINCIPAL</u>				
Name of College or University: <u>ROWAN UNIVERSITY</u>				
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

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Employee Signature

Date

Approval:

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

☐ No

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	1			
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

Date

Superintendent Approval

Date

MONROE TOWNSHIP SCHOOL DISTRICT

Pre-Registration for Educational Assistance Benefit Determination Form

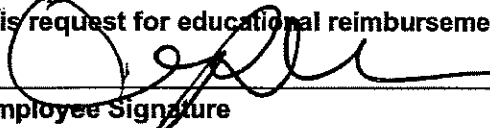
This form must be submitted for approval at least 10 days prior to the start of class to be eligible for reimbursement.

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	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

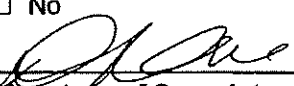
By signing below, I agree that in the event that I fail to remain employed by the Board for two (2) years following the completion of the courses/program for which I receive reimbursement, I will be required to reimburse the Board 100% of the tuition reimbursement I will receive as a result of this request 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	#1EDST 24795	#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**

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: <u>CHARI R. CHAWLEY</u>				
Employee Location: <u>MTMS</u>				
Employee Grade/Subject/Assignment: <u>PRINCIPAL</u>				
Name of College or University: <u>ROWAN UNIVERSITY</u>				
List Course Information below (course numbers must be listed)				
Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
# <u>EDST</u>	# <u>24795</u>	<u>DISSERTATION RESEARCH</u>	<u>SUMMER 2019</u>	<u>1</u>
#	#			
#	#			
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

Approval:

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

☐ No

Signature of Superintendent or Superintendent's Designee

Date

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 <u>EDST 24795</u>	#2	#3	Total
Tuition	\$ <u>875.00</u>	\$	\$	\$ <u>875.00</u>
Grade Received	<u>P</u>			
Grand Total				\$ <u>875.00</u>
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

Superintendent Approval

Date

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: <u>CHARI R. CHAWLEY</u>				
Employee Location: <u>MTMS</u>				
Employee Grade/Subject/Assignment: <u>PRINCIPAL</u>				
Name of College or University: <u>ROWAN UNIVERSITY</u>				
List Course Information below (course numbers must be listed)				
Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
# <u>EDST</u>	#	<u>DISSERTATION RESEARCH</u>	<u>SPRING 2019</u>	<u>1</u>
#	#			
#	#			
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	

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*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 [Signature] Date 1/3/2019

Approval:

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

☐ No

Signature of Superintendent or Superintendent's Designee [Signature] Date 1/8/19

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

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

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 [Signature] Date 5/21/2019

Superintendent Approval [Signature] Date 5/28/19

MONROE TOWNSHIP SCHOOL DISTRICT

Pre-Registration for Educational Assistance Benefit Determination Form

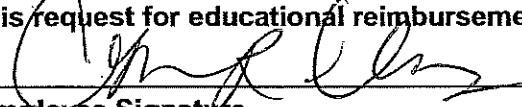
This form must be submitted for approval at least 10 days prior to the start of class to be eligible for reimbursement.

PLEASE PRINT				
Employee Name: <u>CHARI CHANLEY</u>				
Employee Location: <u>MONROE TOWNSHIP MIDDLE SCHOOL</u>				
Employee Grade/Subject/Assignment: <u>PRINCIPAL</u>				
Name of College or University: <u>LIBERTY UNIVERSITY</u>				
List Course Information below (course numbers must be listed)				
Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
# <u>47597</u>	#	<u>TEACHING THE COLLEGE</u>	<u>FALL 2018</u>	<u>3</u>
#	#	<u>STUDENT</u>		
#	#			
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

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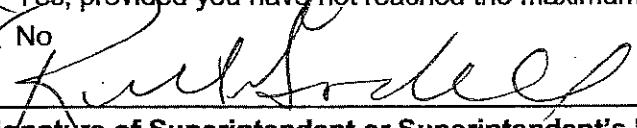
By signing below, I agree that in the event that I fail to remain employed by the Board for two (2) years following the completion of the courses/program for which I receive reimbursement, I will be required to reimburse the Board 100% of the tuition reimbursement I will receive as a result of this request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


7/13/2018
 Employee Signature Date

Approval:

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

☐ No

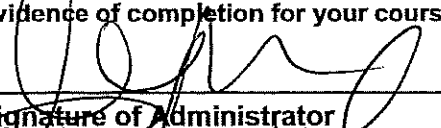
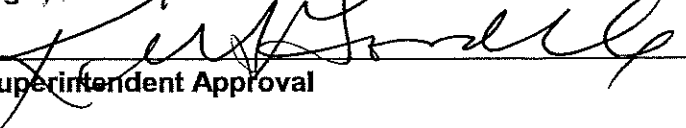

7/18/18
 Signature of Superintendent or Superintendent's Designee Date

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 <u>47597</u>	#2	#3	Total
Tuition	\$ <u>1950.00</u>	\$	\$	\$
Grade Received	<u>B</u>			
			Grand Total	\$ <u>1950.00</u>
			Less other current year reimbursement for previously submitted classes	\$ <u>1950.00</u>

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.


10/23/18
 Signature of Administrator Date

10/27/18
 Superintendent Approval Date

RECEIVED JUL 16 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 [Signature]

Date: 8/14/15 Current School/Grade/Subject/Assignment: MMS / 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
# <u>4357</u> # <u>EDST 247951C</u>	#	<u>DISSERTATION RESEARCH</u>	<u>FALL 2015</u>	<u>1</u>
#	#			
#	#			

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

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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

[Signature]
Signature of Superintendent or Superintendent's Designee

9/2/15
Date

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1 <u>EDST 247951C</u>	#2	#3	Total
Tuition	\$ <u>855.00</u>	\$	\$	\$ <u>855.00</u>
Grade Received	<u>P</u>			
			Grand Total	\$ <u>855.00</u>
Less other current year reimbursement for previously submitted classes				\$ <u>855.00</u>

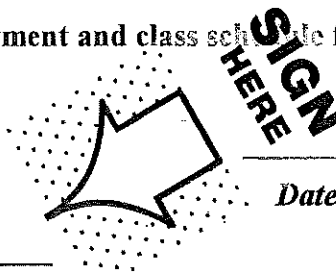
Please attach official transcripts with proof of payment and class schedule for reimbursement.

[Signature]

Signature of Administrator

[Signature] 1/6/16

Superintendent Approval & Date



Date

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 ☒ 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?
☐ 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
Signature of Superintendent or Superintendent's Designee

12/14/12
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.

[Signature]
Signature of Administrator

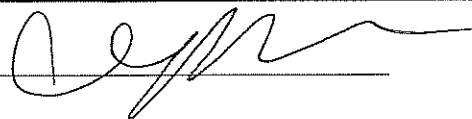
Kenneth R. Hamilton
Superintendent Approval & Date

6/4/13
Date

6/4/13

Monroe Township Public 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
#	#			
#	#			

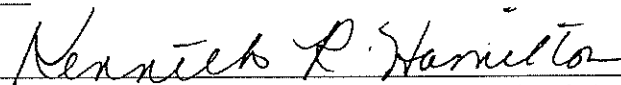
**Only eligible non-certificated staff members may take undergraduate courses*

☐ yes ☒ 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?
☐ 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.

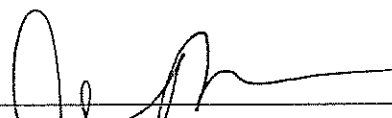

Signature of Superintendent or Superintendent's Designee

8/7/12
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.


Signature of Administrator

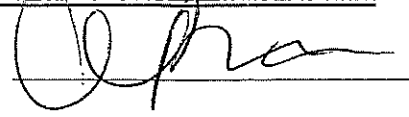
1/14/13
Date


Superintendent Approval & Date

1/15/13

Monroe Township Public Schools
Pre-Registration for Educational Assistance Benefit Determination Form

Name: Chari R. Chanley

Employee 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

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

 No.

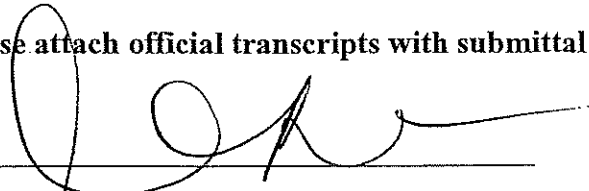

Signature of Superintendent or Superintendent's Designee

12/1/11
Date

REQUEST FOR EDUCATIONAL REIMBURSEMENT

Course	#1 EDST 24795	#2	#3	Total
Tuition	\$ 830.00	\$	\$	\$ 830.60
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.

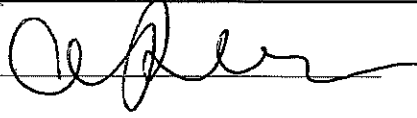

Signature of Administrator

5/18/12
Date

Kenneth R. Hammett
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
#	#			
#	#			

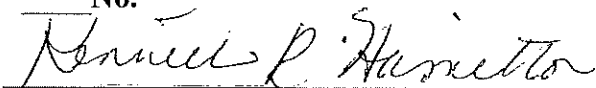
**Only eligible non-certificated staff members may take undergraduate courses*

☐ yes ☒ 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?
☐ 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 of Superintendent or Superintendent's Designee

9/14/11

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

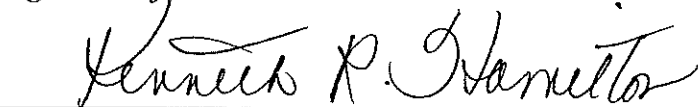
Please attach official transcripts with submittal for reimbursement.



Signature of Administrator

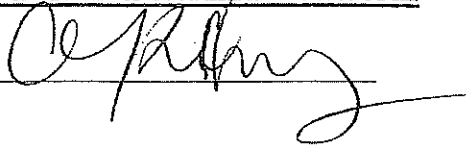
1/9/12

Date



Superintendent Approval & Date

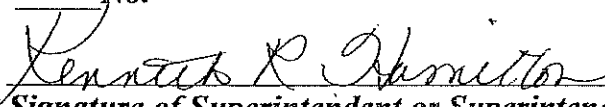
Monroe Township Public Schools
Pre-Registration for Educational Assistance Benefit Determination Form

Name: Chari R. ChanleyEmployee Signature Date: January 3, 2011Current School/Grade/Subject/Assignment: Applegarth Middle School/School PrincipalName 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

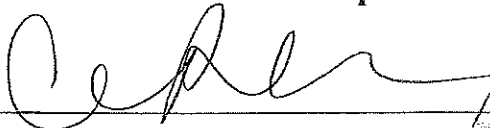
 yes X no Is this course(s) needed to maintain present certification?
X yes no Is this course(s) being taken at an accredited college/university?
X yes no Is the course(s) a graduate level course?
X yes no Does the coursework count toward the teacher's PIP / 100 hours?

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

 Signature of Superintendent or Superintendent's Designee

1/6/11
 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.


 Signature of Administrator

 6/2/11
 Date