15-2409

JUL 12 2014

Monroe Township Public Schools

Pre-Registration for Educational Assistance Benefit Determination Form
Pre-Approval is required by the Superintendent of Schools

Name: MICHELE CRITELLI Signature michele critelli

Date: 1/7/14

Current School/Grade/Subject/Assignment: DISTRICT

Name of College or University: ROWAN UNIVERSITY

14-15 Rutgers per credit rate

Courses (*course numbers must be listed*):

Graduate	*Undergraduate* *	*Title of Course(s)*	*Date(s) of Courses*	
#	#	DISSERTATION	SPRING 2014	
#	#	RESEARCH		
#	#			

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

A/P Pays 3 cr @ 662. $1986 —

____ 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

1/15/14
Date

REQUEST FOR EDUCATIONAL REIMBURSEMENT

Please return the approved original requires, with official college transcripts and proof of payment.

Course	#1 DISSERTATION RESEARCH	#2	#3	Total
Tuition	$ 2,520.00	$	$	$ 2,520.00
Grade Received	P			
			Grand Total	$ 2,520.00

Signature of Administrator

7/11/2014
Date

Kenneth R. Hamilton
Superintendent Approval & Date

7/11/14
Date

___*Transcripts Reviewed*
___*Courses Verified*

Signature_____

TUITION REIMBURSEMENT
POSTED 8-4-14
A/P PAYS $1986
PAYROLL PAYS ____
Original in Payroll-Copy in A/P

Monroe Township Public Schools

Pre-Registration for Educational Assistance Benefit Determination Form

DEC 23 2014

Name: MICHELE CRITELLI Employee Signature michele critelli

Date: 9/2/14

15-3978

Current School/Grade/Subject/Assignment: DISTRICT

Name of College or University: ROWAN UNIVERSITY

Courses (*course numbers must be listed*):

Graduate	*Undergraduate* *	*Title of Course(s)*	*Date(s) of Courses*	*Credits*
#	#	DISSERTATION RESEARCH	FALL 2014	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?

A/P pays $662.

APPROVED

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

Signature of Superintendent or Superintendent's Designee

9/9/14
Date

REQUEST FOR EDUCATIONAL REIMBURSEMENT

Course	#1 Dissertation Research	#2	#3	Total
Tuition	$ 848.00	$	$	$
Grade Received	P			
			Grand Total	$ 848.00
Less other current year reimbursement for previously submitted classes				$

Please attach official transcripts with submittal for reimbursement.

Signature of Administrator

12/22/14
Date

12/23/14
Superintendent Approval & Date

TUITION REIMBURSEMENT
POSTED 1-9-15
A/P PAYS $662 -
PAYROLL PAYS &
Original in Payroll - Copy in A/P