

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

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

☒ 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
3 cr @ 662.
\$1986

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	#2	#3	Total
Tuition	\$ 2,520.00	\$	\$	\$ 2,520.00
Grade Received	P			
			Grand Total	\$ 2,520.00

[Signature]
 Signature of Administrator

Kenneth R. Hamilton
 Superintendent Approval & Date

7/11/2014
 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

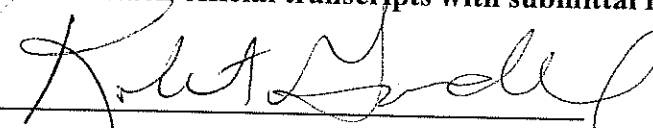
9/9/14
 Date



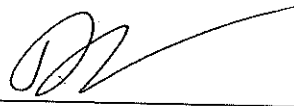
REQUEST FOR EDUCATIONAL REIMBURSEMENT

Course	#1	#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	2
	Original in Payroll - Copy in A/P	