SEP - 9 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: 5/30/14

15-2585

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	SUMMER	1
#	#	RESEARCH	2014	
#	#			

**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 $840 -

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

Kenneth P. Hamilton
Signature of Superintendent or Superintendent's Designee

6/4/14
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	$ 840.00	$	$	$
Grade Received	P			
			Grand Total	$ 840.00

Robert Goodwell
Signature of Administrator

9/8/14
Date

Superintendent Approval & Date

9/9/14
Date

___ *Transcripts Reviewed*
___ *Courses Verified*

*Signature*_____

TUITION REIMBURSEMENT
POSTED 9-17-14
A/P PAYS $840 -
PAYROLL PAYS ___
Original in Payroll-Copy in A/P