Monroe Township Public Schools

Pre-Registration for Educational Assistance Benefit Determination Form

Pre-Approval is required by the Superintendent of Schools

14-3244

Name: James Cernansky Signature [signature]

Date: 5/10/13

Current School/Grade/Subject/Assignment: High School/9-12/Assistant 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	#	Dissertation Research	5/13/13-9/5/13	1
# EDST24795	#	Dissertation Research	9/12/13 - 12/10/13	5
# EDST24795	#	Dissertation Research	1/22/14 - 4/22/14	5

**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 R. Hamilton — 5/10/13

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

REQUEST FOR EDUCATIONAL REIMBURSEMENT

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

Course	#1 EDST24795	#2	#3	Total
Tuition	$ 840	$	$	$ #840
Grade Received	P			
			Grand Total	$ #840

[signature] — 9/30/13

Signature of Administrator — ***Date***

Kenneth R. Hamilton — 10/1/13

Superintendent Approval & Date — ***Date***

___*Transcripts Reviewed*
___*Courses Verified*

*Signature*_____

TUITION REIMURSEMENT
Posted 10-14-13
A/P Pays $ 840 -
Payroll Pays ____
Original in Payroll...Copy in A/P

Please return this original signed form when requesting tuition reimbursement.
Thanks,
Pat

nroe Township Public Schools

or Educational Assistance Benefit Determination Form

Pre-Approval is required by the Superintendent of Schools

14-4788

Name: James Cermansky Signature [signature]

Date: 5/10/13

Current School/Grade/Subject/Assignment: High School/9-12/Assistant 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	#	Dissertation Research	5/13/13-9/5/13	1
# EDST24795	#	Dissertation Research	9/12/13-12/10/13	5
# EDST24795	#	Dissertation Research	1/2/14-4/24/14	5

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

A/P pays 5 cr @ $648 = $3240.00

_____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 — 5/10/13

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

REQUEST FOR EDUCATIONAL REIMBURSEMENT

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

Course	#1 EDST24795	#2	#3	Total
Tuition	$ 4200	$	$	$ 4200
Grade Received	P			
			Grand Total	$ 4200

[signature] — 1/2/14

Signature of Administrator — ***Date***

Kenneth R. Hamilton — 1/6/14

Superintendent Approval & Date — ***Date***

___*Transcripts Reviewed*

___*Courses Verified*

Signature_____

TUITION REIMBURSEMENT
POSTED 1-24-14
A/P PAYS $3240.00
PAYROLL PAYS ____
Original in Payroll - Copy in A/P