PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS
TUITION AID - REIMBURSEMENT REQUEST

1. Graduate Courses, related to the employee's function in the school district, **APPROVED IN ADVANCE.** Please attach a copy of the college catalogue description and graduate course code. **FAILURE TO REQUEST APPROVAL FOR TUITION REIMBURSEMENT PRIOR TO THE START OF THE COURSE(S) SHALL RESULT IN FORFETURE OF REIMBURSEMENT FOR THE COURSE(S) IN QUESTION.**
2. Applicable to contracted employees who are not on sabbatical leave or any other extended leave of absence.
3. Successful completion of the course(s) and submission of (official) transcript or grade card.
4. Up to a maximum of twelve (12) graduate credits taken in any one year (July 1st through June 30th).
5. Reimbursement shall be at the rate of one half the actual per credit rate for the course(s) taken, not to exceed one-half of the resident graduate rate at Rutgers University.
6. Reimbursement shall be made after the conclusion of each semester provided the individual has complied with the procedures indicated above. Failure to comply with procedures shall result in payment being delayed until the conclusion of the following semester.
7. **PLEASE NOTE: ONLY ONE COURSE PER FORM.**

NAME_____ SCHOOL_____

DATE_____SEMESTER_____ YEAR _____ COURSE #_____

TITLE _____NUMBER OF CREDITS _____

COLLEGE_____

COURSE APPROVED BY _____ DATE _____

College/University accredited by:

_____Middle States Association of Colleges and Middle States Commission on Higher Education
_____New England Association of Schools and Colleges Commission on Institutions of Higher Education
_____North Central Association of Colleges and Schools of The Higher Learning Commission
_____Northwest Commission on Colleges and Universities
_____Southern Association of Colleges and Schools Commission on Colleges
_____Western Association of Schools and Colleges

FOR OFFICE USE ONLY

_____COUNTS TOWARDS 100 HOURS

_____DOES NOT COUNT TOWARDS 100 HOURS

_____ CREDITS X _____ ÷ 2 = _____
TUITION RATE * REIMBURSEMENT

APPROVAL FOR REIMBURSEMENT

_____ _____
Director of Personnel's Signature Date

PLEASE NOTE: *A copy of the actual tuition bill for the course submitted for reimbursement is required.

Rev. 5/2010