

**PENNS GROVE-CARNEYS POINT REGIONAL SCHOOL DISTRICT**  
**100 Iona Avenue**  
**Penns Grove, NJ 08069**  
**(856) 299-4250**  
**Fax: (856) 299-7921**

**REQUEST FOR COURSE/GRADUATE SCHOOL REIMBURSEMENT APPROVAL**

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Dear: Dr. Zenaida Cobian  
(Superintendent)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Building: \_\_\_\_\_

Position: ( ) Teacher ( ) Instructional Aid ( ) Secretary ( ) Technology ( ) Custodian ( ) Cafeteria

I am fully certified and employed in the following area: \_\_\_\_\_

College/University credited by State of New Jersey: \_\_\_\_\_

Credited by: \_\_\_\_\_

# of Credits Previously Approved/Completed by June 30 of the Current School Year \_\_\_\_\_

**COURSES ARE TO BE SUBMITTED FOR APPROVAL ON A SEMESTER BASIS (SUMMER, FALL, SPRING, WINTER)**

Course		Course Title(s)	Level	# of Credits	Cost per Credit	Total Cost
Start	End					

**\*\* Program of Studies and Course Description must be attached with the request.\*\***

**I am requesting approval for this course(s) in order to (Please  $\checkmark$  all that apply):**

\_\_\_\_\_ To complete NJ State certification in a core subject area (Please Identify: \_\_\_\_\_)

\_\_\_\_\_ Highly Qualified in a core subject area (e.g., English, History, Math, Science, Etc.), as per Federal Requirement.

\_\_\_\_\_ Obtain Advanced Degree in my Certification Area of Employment (Identify: \_\_\_\_\_)

\_\_\_\_\_ Satisfy the New Jersey credit requirement for Instructional Aids.

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Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

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Date

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Superintendent of Schools

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As an employee of the district, who received reimbursement for the tuition of courses, I understand that if I leave the District's employment, I shall reimburse the district pursuant Article 28, Section F, Subsection 1 of the negotiated contract agreement.

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Date

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Employee

**Per Contract, limited to twelve (12) credits for reimbursement per academic year.**

**\*Please Note: You may not presume Superintendent approval unless you receive a returned copy of this form.**