

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

Dear: Dr. Zenaida Cobian
(Superintendent)

Date: _____

Name: _____

Building: _____

Position: () Teacher () Instructional Aide () 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 _____

Date

Superintendent of Schools

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.

Date

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.**