

RUMSON SCHOOL DISTRICT  
Rumson, New Jersey

TUITION REIMBURSEMENT

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

A. On approval of the Superintendent, the Board shall reimburse teachers' tuition cost for further study up to a maximum amount, per academic year, equal to the tuition cost for six graduate credits at Rutgers, the State University. **Attach a copy of your approval.**

B. A course beginning in one fiscal year and ending in another fiscal year shall be reimbursed with monies from both years.

Does your class begin in one fiscal year and end in another? Yes No (circle one)

C. Course # \_\_\_\_\_ Course Title: \_\_\_\_\_ Credits \_\_\_\_\_

Course Dates:

Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_ (Please note fees are not reimbursable)

D. Reimbursement shall be made as follows:

1. The first 50% will be paid with proof of enrollment.

Are you requesting the first half of reimbursement? Yes No (circle one)

**If yes, attach a copy of the bill, invoice or receipt from the college or university indicating payment breakdown of tuition and fees and course title.**

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

2. The second 50% will be paid upon completion of the course with a "C" or better.

Are you requesting the second half of reimbursement? Yes No (circle one)

**If yes, attach your official transcript of your grade of "C" or better.**

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

E. Note that all requests for reimbursement must arrive at least ten work days prior to a Regular Board of Education meeting to be included on that meeting's approved bill list. Otherwise, payment will be made at the next Regular Board meeting.

Signatures/Authorization:

1. First 50% for enrollment:

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Business Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

2. Second 50% for completion:

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Business Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

c: Superintendent, Board Office, Staff Member