BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT 580 ERIAL ROAD, BLACKWOOD, NEW JERSEY 08012 FAX # 856-227-6835

TEACHER APPLICATION FOR REIMBURSEMENT OF TUITION FOR GRADUATE CREDITS SCHOOL YEAR APPLICATION: 2024-2025

Name School Position Dep	epartment
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Dear Mrs. Scully:

Please consider this application a request to enroll in and complete the following graduate course(s) during the 2024-2025 school year for which I respectfully request reimbursement consideration. Applications must be received by Mrs. Scully by December 1, 2024.

REQUIRED LENGTH OF SERVICE: Teachers receiving tuition reimbursement will be required to remain employed in the District for four (4) years after the completion of their last course. In the event that an employee leaves the District before four (4) years, then the Employee will be required to refund the District for all tuition reimbursement as follows: After 1 year – 100%; after 2 years 75%; after 3 years 50 %; after 4 years 25%.

NOTE: Staff members taking courses "in their discipline" is defined to mean: in the teacher's subject area, education courses, or a course which is required in a program considered to be in the teacher's subject area, shall be eligible for tuition reimbursement. A course taken outside the teacher's subject area, or which is not an education course or which is a course not required in a program which is considered to be in the teacher's subject area, shall not be subject to tuition reimbursement. There is a maximum reimbursement of 12 credits per school year. *Applications for classes completed between 7/1/2024 and 6/30/2025 must be received before 12/1/2024.* As per the bill NJ S2127, tuition assistance per credit shall equal an amount no greater than the current cost per credit at Rutgers, the State University.

OFFICE USE ONLY: COURSE		NAME OF COURSE	# CREDITS	ANTICIPATED COST PER	ANTICIPATED COURSE COMPLETION DATE
<u>Approved</u>	<u>Denied</u>			CREDIT HOUR	

My reasons for enrolling in these graduate level courses include:

Name of College or University_

Signature

Date: ____

Please scan and send to Angel Dugan at adugan@bhprsd.org. Please remember to keep a copy for your records. You will receive a signed copy once you are approved/denied.