

**MIDDLESEX COUNTY MAGNET SCHOOLS**

**Tuition Reimbursement Form**

**Accredited University or College Programs**

Section 1. The staff member requesting approval of tuition reimbursement completes Section 1.

- Complete the information requested in Section 1.
- Submit the completed form to your Principal/Department Head. (One course/form)

Name:	Date:
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Name of Staff Member Requesting Approval of Tuition Reimbursement: Please print your name

Campus: (Check One)

Academy/Edison   
  Academy/Woodbridge   
  East Brunswick   
  Perth Amboy   
  Piscataway   
  Central Office

Name of University/College:

Title of Course: Please print exact course title from university/college catalog.

Semester: (Check one)	Start Date	School Year
<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Other		

Level	Number of Credits	Tuition Per Credit: \$	Total Tuition: \$
<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate			

Will the Course Lead to a Degree?	If yes, what type of degree?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby request the Superintendent's approval of, and subsequent tuition reimbursement for, the course listed above pursuant to the provisions of the Agreement between the Middlesex County Magnet Schools Board of Education and the MCMS Principals and Supervisors Association, the Middlesex County Magnet Schools Education Association, or the MCMS Office Personnel Association.

I am permanently certified in: \_\_\_\_\_

Staff member signature: \_\_\_\_\_

Notes:

1. A teacher must first complete the requirements for teacher certification in the position now held before becoming eligible for tuition reimbursement.
2. Tuition reimbursement payments for graduate level courses leading to a degree may be taxable pursuant to Internal Revenue Code - Section 127 for all requests submitted on or after February 1, 1997.

Section 2. The Principal/Department Head completes Section 2.

- Review Section 1 for accuracy.
- Complete, sign and date Section 2.
- Forward the completed form to the Business Administrator.

Name of Principal/Department Head: \_\_\_\_\_

Principal/Department Head Signature	Date
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**All submissions must be accompanied with documentation providing the course description, course credits, and course cost.**