

MILLVILLE PUBLIC SCHOOLS
P.O. Box 5010, Millville, NJ 08332

Office Use Only

Professional Improvement Policy

REQUEST FOR COURSE APPROVAL

NAME: _____ DATE: _____

SCHOOL: _____ POSITION: _____

NAME OF COLLEGE: _____

TITLE OF COURSE: _____

Graduate or Undergraduate course (state which): _____

Tuition requesting to be reimbursed (**this is an estimate only**): \$ _____

Term course is to be taken: Fall Spring Summer * please circle Year _____

Credits: _____

Employee Signature

.....
The above described course work is approved for reimbursement as provided by our Professional Improvement Policy.

Date

Superintendent

.....
The Professional Improvement Policy of the Board of Education provides for reimbursement for tuition for courses taken beyond the required non degree certification or the Bachelor's degree, to a maximum of **six credits** (or the equivalent) per year, **September 1st through August 31st**.

- **Prior** to enrolling for course work for which reimbursement will be requested, staff members are requested to submit this form to the Personnel office. If approved, you will receive a confirmation email.
- **Upon completion of the course(s)**, the staff member may request reimbursement under the policy by submitting the following documents: 1) an **itemized** receipt (marked "paid") from the college/university, 2) final grade for the course from college/university and 3) a signed Millville BOE Voucher.
- **This should be sent within 30 days of completing the course.**

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Submitted for payment date: _____

Amount Paid: _____ REQ#: _____

Credits Paid: _____ Initials: _____