

**NEWARK TEACHERS UNION TUITION REIMBURSEMENT APPLICATION  
 (PLEASE READ THE ENTIRE FORM BEFORE COMPLETING)**

This form is to be used following the **completion of the course** for which you are applying. We only accept applications for the current school year. You are eligible to apply for **NO MORE THAN 12 CREDITS FOR PRIORITY COURSES PER SCHOOL YEAR and 6 CREDITS FOR NON-PRIORITY COURSES.**

**NOTE: PURSUANT TO YOUR CONTRACT, BY ACCEPTING TUITION REIMBURSEMENT, TEACHERS AGREE TO WORK FOR THE NEWARK PUBLIC SCHOOLS FOR THREE (3) YEARS AND CLERKS/AIDES AGREE FOR TWO (2) YEARS FROM THE DATE OF YOUR LAST REIMBURSEMENT PAYMENT.**

You must provide **EXACTLY** what is requested on this application in order to be considered for approval.  
 \*\*\*Please make any copies you may need before sending in or dropping off your application\*\*\*

TEACHER \_\_\_\_\_ FULL TIME CLERK \_\_\_\_\_ FULL TIME AIDE \_\_\_\_\_ OTHER NTU TITLE \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Employee ID # \_\_\_\_\_ School/Location \_\_\_\_\_  
 (Required)

Home Address \_\_\_\_\_  
 (checks are mailed to this address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Course Name _____	Course No. _____
Course Name _____	Course No. _____
Course Name _____	Course No. _____
Course Name _____	Course No. _____
Course Name _____	Course No. _____
Course Name _____	Course No. _____

**ATTACHMENT CHECKLIST**

This application will only be processed if **ALL** of the following documents are **ATTACHED** to this form

1. An **ORIGINAL OFFICIAL TRANSCRIPT** from the college/university - including the institution's official stamp (one per semester). **NOTHING PRINTED FROM THE COMPUTER.**
  - *Nothing should ever be forwarded from the college directly to this office.*
  - *If you are having a problem obtaining your documentation, it is suggested that you contact this office immediately.*
2. An **ACCOUNT HISTORY** from the college/university showing **tuition amount** AND **payments** made by you (one per semester).

**Alternate Route courses are required in order to teach in New Jersey and are - NOT REIMBURSEABLE**

**MAXIMUM CREDITS PER FISCAL YEAR**  
**PRIORITY COURSES: 12 credits**  
**NON-PRIORITY COURSES: 6 credits**

\*\*\*Priority Course: Mathematics; English; Science; Special Education\*\*\*

"Eligibility" does not mean automatic approval. Reimbursement is subject to availability of funds.

**THIS FORM ALONG WITH ALL REQUIRED ATTACHMENTS MUST BE SUBMITTED TO  
 NEWARK PUBLIC SCHOOLS, 2 CEDAR STREET, ROOM 807, NEWARK, NJ 07102**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Approval \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement Amount Approved \_\_\_\_\_ Date \_\_\_\_\_