



HADDON TOWNSHIP BOARD OF EDUCATION
OFFICE OF THE SUPERINTENDENT

REQUEST FOR REIMBURSEMENT OF COLLEGE COURSES

Name (PLEASE PRINT) _____

I hereby request reimbursement from the Haddon Township Board of Education for
_____ credits of graduate/approved work completed. (up to 12 credits per contract year)

Course/Title	Semester/ Year Taken	College/ University	Grade	Number of Credits	Cost per Credit	Total Cost

Transcripts attached

Receipts attached

Form to be submitted by July 1 following the Academic Year in which the courses were taken.

Date

Signature

Received by: _____ Date: _____