

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT

TUITION REFUND REQUEST FORM

Name: _____ College: _____

Date Submitted: _____ Degree (if applicable) _____

Subject Area (if applicable) _____

Purpose (Check One)

_____ Higher Degree (explain how degree is related to current or future job responsibilities):

_____ Professional Improvement (explain how course is related to current or future job responsibilities):

List Specific Courses:

<u>Title</u>	<u>Credits</u>	<u>Cost Per Credit Without Fees</u>	<u>Dates</u>
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Approved _____

Superintendent

Unapproved _____

Date _____

As soon as you receive grade, please mail to office with copy of tuition bill (preferred), receipt from college or cancelled check/credit card statement. This will expedite the refunds. It is your responsibility to provide back up for cost per credit without fees.