



ESSEX COUNTY COLLEGE

Tuition Reimbursement

Pre-Program & Course Approval Application

Form A

Essex County College offers Tuition Reimbursement to its employees who receive course approval and meet the eligibility and documentation requirements per the employees' association agreement. *

*(Note: Adjuncts, part-time, and supplemental employees are not eligible for Tuition Reimbursement.)

EMPLOYEE INFORMATION

Name: _____ ID #: _____

Job Title: _____

Department: _____

Degree(s) earned as of today: ☐ Bachelors ☐ Masters ☐ Doctorate

Concentration: _____

Check one:

- ☐ Administrative ☐ Faculty
☐ Professional ☐ Support Staff
☐ Security ☐ Police
☐ Confidential

ACCREDITED INSTITUTION INFORMATION

(Institution Where Degree Is Being Pursued)

Institution Name: _____

City: _____ State: _____ Zip: _____

Major/Concentration: _____

Accepted as matriculated student: ☐ Yes ☐ No

Degree Seeking (check one):

☐ Bachelors: _____ ☐ Masters: _____ ☐ Doctorate: _____

The course(s) or programs listed is/are:

☐ Relevant to employee position at the College; or/and ☐ Related to higher position at the College

☐ Please Explain: _____

COURSE INFORMATION

Please include a copy of the official course description and the program outline from the Institution when seeking pre-approval for Tuition Reimbursement.

Term/Semester Begin Date: _____ Term/Semester End Date: _____

Term/ Semester: (Check one) ☐ Fall ☐ Spring ☐ Summer ☐ Winter ☐ Other: _____

Course Name	Course Code	Credit Hours	Rate Per Credit	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals		_____	_____	_____

Was any financial assistance received (grants, scholarships, etc.)? ☐ No ☐ Yes If yes, how much: \$ _____

Explain: _____

FACULTY SKILLS TRAINING - FACULTY ONLY

Title and cost of the program or course of skill training taken at other than an accredited institution of higher education, for which I am requesting reimbursement (3/4 of the cost up to a maximum of \$325.00 per year).

Course: _____ Cost: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Faculty Only:

☐ Additional _____ credits relevant to employment including courses needed to qualify for promotion

APPROVAL OF COURSES (FACULTY AND STAFF) OR TRAINING (FACULTY ONLY)

Employee Signature: _____ Date: _____

Departmental Supervisor: _____ Date: _____

Area Head: _____ Date: _____

Executive Dean of Faculty and Academics or VP of Academic Affairs: _____ Date: _____

****Please attach this approval form to the Post-Program and Courses Application****