



**FACULTY TUITION REIMBURSEMENT PRE-APPROVAL FORM**

This only applies to legacy AAUP-BHSNJ unit faculty members  
Please complete this form BEFORE the start of the semester.

I am requesting tuition reimbursement for the below course(s) during the following semester (select one →)

Fall  Winter  Spring  Summer 20\_\_.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

SON Division/Department: \_\_\_\_\_

Name of Institution Enrolled: \_\_\_\_\_

Major/Degree: \_\_\_\_\_

_____		_____		_____
Course # & Title				# of Credits
_____		_____		_____
Course # & Title				# of Credits
_____		_____		_____
Course # & Title				# of Credits
_____	x	_____	=	_____
Total Semester Credits		Actual Cost Per Credit		Total Actual Cost

**APPROVALS**

Faculty: _____	_____	_____	_____
	Print	Sign	Date
Division Dean: _____	_____	_____	_____
	Print	Sign	Date
Executive Vice Dean: _____	_____	_____	_____
	Print	Sign	Date
Dean: _____	_____	_____	_____
	Print	Sign	Date
RBHS Chancellor: _____	_____	_____	_____
	Print	Sign	Date

**IMPORTANT**  
**UPON COMPLETION OF COURSE(S), PLEASE COMPLETE/SUBMIT:**

- 1) PROOF OF ITEMIZED PAYMENT
- 2) PROOF OF GRADES
- 3) SIGNED RU PAYROLL CHECK REQUEST FORM