

# William Paterson University

## Tuition Reimbursement Guidelines and Application for Academic Year 2024- 2025

### Guidelines for completing application for Tuition Reimbursement

Applications may be submitted for up to 12 credits taken and completed between **July 1, 2024 and June 30, 2025**. Employees enrolled in a terminal degree program, graduate degree or certificate program directly related to their areas of teaching or work may receive tuition reimbursement at a rate of \$200 per credit or the actual tuition, whichever is less for up to 12 credits per year, and up to 45 credits total in a career. Please refer to negotiated contract for details.

#### Submitting Application(s):

**Deadline date: March 1, 2025 \***. Please submit one (1) original application to:

*\* if March 1st falls on a weekend, the submission deadline will be the following Monday*

Office of the Provost  
Raubinger Hall, Room 100  
Attn: Sandy Hill  
Email: [gordonr17@wpunj.edu](mailto:gordonr17@wpunj.edu)

**William Paterson University**  
**Tuition Reimbursement Application**  
**2024-2025**

**Courses taken between July 1, 2024 and June 30, 2025**

**Application Deadline Date: March 1, 2025**

1. NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_ Tenured (Y/N): \_\_\_\_\_

A. Are you presently enrolled in a degree program? (Y/N): \_\_\_\_\_

B. If so, date/year degree expected: \_\_\_\_\_ Degree Program/ University: \_\_\_\_\_

C. Have you previously received tuition reimbursement through this program? (Y / N) \_\_\_\_\_

D. If so, total # credits reimbursed to date (do not include this request): \_\_\_\_\_

2. Reimbursement is requested for the following courses, by semester and year, which are related to area of teaching/work responsibility:

A. Title of Course: \_\_\_\_\_

College or Institute: \_\_\_\_\_

Number of Credits: \_\_\_\_\_

Semester (Fill in year): Summer \_\_\_\_ Yr \_\_\_\_ Fall \_\_\_\_ Yr \_\_\_\_ Spring \_\_\_\_ Yr \_\_\_\_

B. Title of Course: \_\_\_\_\_

College or Institute: \_\_\_\_\_

Number of Credits: \_\_\_\_\_

Semester (Fill in year): Summer \_\_\_\_ Yr \_\_\_\_ Fall \_\_\_\_ Yr \_\_\_\_ Spring \_\_\_\_ Yr \_\_\_\_

C. Title of Course: \_\_\_\_\_

College or Institute: \_\_\_\_\_

Number of Credits: \_\_\_\_\_

Semester (Fill in year): Summer \_\_\_\_ Yr \_\_\_\_ Fall \_\_\_\_ Yr \_\_\_\_ Spring \_\_\_\_ Yr \_\_\_\_

3. Total number of credits requested at this time: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

4. \_\_\_\_\_  
(Applicant Signature) (Date)

5. \_\_\_\_\_  
(Department Chairperson, Supervisor or Director Signature) (Date)

1. Continuing education units, seminars or audited courses are not eligible for reimbursement.
2. Credits reimbursed may not exceed 12 per year or 45 total career.
3. Credits are reimbursed at the cost of \$200.00 per credit.
4. Please submit receipts and transcripts after awards have been announced .