

**CREIGHTON UNIVERSITY**  
**APPLICATION FOR TEACHER IMPROVEMENT**  
**FALL/SPRING SEMESTERS**

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE BUSINESS OFFICE WITHIN ONE WEEK AFTER REGISTRATION.**

Teachers and school administrators who are employed **full-time** in a public or private **elementary** or **secondary** school and enroll as part-time students at Creighton may receive a tuition discount of 50 percent. The discount is limited to **three** credit hours per semester (fall and spring) in the following divisions: College of Arts & Sciences, College of Business Administration, School of Nursing, University College, or Graduate School.

An additional tuition discount of 25 percent is available for Catholic school educators who are enrolled in the Graduate School. This additional discount is limited to **three** credit hours per semester (fall and spring).

The following programs are currently **excluded**: Master of Business Administration, Master of Science in Information Technology Management, Master of Security Analysis and Portfolio Management, Master of Science in Negotiation and Dispute Resolution, Master of Science in Health Care Ethics, and Interdisciplinary Ed.D. in Leadership.

**No** other discounts apply. A remission form **must** be completed each semester.

Student Name: \_\_\_\_\_ Net ID: \_\_\_\_\_  
*(Please print)*

Name of Employer: \_\_\_\_\_ School phone number: \_\_\_\_\_

Address of employer: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
\_\_\_\_\_ Term: \_\_\_\_\_  
\_\_\_\_\_ Fall \_\_\_\_\_

Course (Example: EDU 620): \_\_\_\_\_ \_\_\_\_\_ Spring \_\_\_\_\_

Catholic School: \_\_\_\_\_ Yes \_\_\_\_\_ No

**CERTIFICATION OF SCHOOL OFFICIAL**  
**(To be completed by Superintendent or Principal)**

I certify that the above statements concerning \_\_\_\_\_ teaching or \_\_\_\_\_ administrative employment are true.

\_\_\_\_\_  
Signature of Superintendent or Principal

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Return Completed Form To:**  
Creighton University  
Business Office  
2500 California Plaza  
Omaha, NE 68178  
Fax: (402) 280-2373

Approval: \_\_\_\_\_  
Business Office

Date: \_\_\_\_\_