

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 during the regular academic year in the following divisions: College of Arts & Sciences, College of Business Administration, School of Nursing, University College, or Graduate School. **No** other discounts apply. The following programs are currently **excluded**: Master of Business Administration, Master of Science in Information Technology Management, Master of Science in Electronic Commerce, and Health Services Administration. A remission form **must** be completed each semester.

Student Name: _____ Net ID / Social Security #: _____
(Please print)
Name of Employer: _____ School phone number: _____
Address of employer: _____ Academic Year: _____
_____ Term: _____
_____ Fall _____
_____ Spring _____
Course (Example: EDU 620): _____
_____ Public _____ Catholic _____ Private/Non-Catholic

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

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

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