

**CREIGHTON UNIVERSITY**  
**APPLICATION FOR TEACHER IMPROVEMENT**  
**SUMMER SEMESTER**

**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 may take Summer courses at Creighton at a tuition discount of 50 percent of the regular per credit hour rate effective during the upcoming academic year. An additional discount of 25 percent for Catholic school educators is limited to **six** credit hours over all summer sessions, unless an exception is granted by the Graduate Dean. The discount applies to students enrolled 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.

Student Name: \_\_\_\_\_ Net ID / Social Security #: \_\_\_\_\_  
*(Please print)*

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

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

Course(s) (Ex.: 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: \_\_\_\_\_