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 current academic year. The discount does NOT apply to travel or study tours and courses or seminars offered at a special flat tuition fee. 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.

An additional discount of 25 percent is available for Catholic school educators enrolled in the Graduate School. This discount is limited to six credit hours over all summer sessions, unless an exception is granted by the Graduate Dean.

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. An application for Teacher Improvement must be completed each semester.

Student Name: ____________________________ Net ID: ____________________________

(Please print) Name of Employer: ____________________________ School phone number: ____________________________

Address of employer: ____________________________ Academic Year: ____________________________

Term: Summer ________

Course(s) (Ex.: EDU 620): ____________________________

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

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

Approval: ____________________________

Business Office

Date: ____________________________

Rev 11/1/2010