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 Securities Analysis and Portfolio Management, and Health Services Administration.

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

<table>
<thead>
<tr>
<th>Student Name: ___________________________</th>
<th>Net ID: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Employer: _______________________</td>
<td>School phone number: ________________</td>
</tr>
<tr>
<td>Address of employer: ____________________</td>
<td>Academic Year: ____________________</td>
</tr>
<tr>
<td></td>
<td>Term: ______ Fall ______ Spring ______</td>
</tr>
<tr>
<td>Course (Example: EDU 620): _______________</td>
<td>__________________</td>
</tr>
<tr>
<td>Catholic School: ______ Yes ______ No</td>
<td>__________________</td>
</tr>
</tbody>
</table>

**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: ___________________________