Enhancing Excellence in Teaching

Creighton University Program of Study

Must accompany Application for Funds

Classes must **BEGIN** between July 1, 2016 and June 30, 2017 to be eligible for funds

Program: _____ Anticipated Graduation Date (Mo-Yr): _____

Name _____
Last, First MI

Course Number	Course Title	Credit Hours	I am requesting funds for these classes. Check all that apply.		If Summer 2016 provide Course Start Date
				Semester to be Taken	Comments
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Authorized Graduate Program Representative Signature and Date: _____

NEBRASKA
DEPARTMENT OF EDUCATION

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