



Eligibility Certification Rockhurst High School/Rockhurst University Agreement

This is to certify that _____
Name Date of Birth

is currently a full-time faculty member at Rockhurst High School.

This status makes her/him eligible for the discounted professional development agreement between
Rockhurst High School and Rockhurst University for the _____ semester.

Signature
Director of Human Resources

Date

Rockhurst University Use:

Name of Applicant: _____

Student ID Number: _____

Academic Year & Term: _____

Course Number (including section): _____ Credit Hours: _____

Course Title: _____