REQUEST FOR INTERDEPARTMENTAL REIMBURSEMENT
FOR LIBERTY UNIVERSITY
COMPUTER CEU COURSES*

Name ____________________________________________        Faculty ☐   Staff ☐

Department Name _______________________________    Budget # _____________

DIRECTIONS:  This form must be filed with the Office of the Vice President having oversight
of applicant's department or work area.

COURSE(s) TITLE: _____________________________
(if exact title is not known, then insert academic area)

Educational Goal or Purpose:
Professional Enhancement:   ______ yes  ______ no
If no, give specific purpose for course and state personal and institutional benefits.

_________________________________________________________________

CEUs earned (i.e.  0.5, 1.0, etc.) _______ Date(s) ________________________________

______________________________ ________________________
Interdepartmental fee to be reimbursed to the CPCE:    $ 12.50

Interdepartmental fee to be reimbursed to LUIS:        $ 17.50

TOTAL: $ 30.00

SIGNATURES:

Faculty/Staff Member ______________________________    Date _____________________

Department Chair/Supervisor ________________________    Date  _____________________

Vice President ____________________________________    Date  _____________________

Human Resources _________________________________    Date  _____________________

*Guidelines for Applying for CEU Interdepartmental Reimbursement Under CEU Funds

(1)  Seminars must be appropriate for professional enhancement of employee.
(2)  Seminars must be appropriate to benefit the institution's goals and objectives.
(3)  Satisfactory CEU completion must be documented by the department offering training.
(4)  Note:  Seminars/coursework must be completed through Liberty University.

A COPY OF THIS FORM MUST BE RETURNED IMMEDIATELY TO THE CPCE
(TE 128) IN ORDER TO FINALIZE THE GRANTING OF THE CEU CERTIFICATE.

5-24-01