

CONTINUING EDUCATION APPLICATION FORM



Forms must be received in Human Resources no later than three weeks prior to the Financial Check-In deadline date. Any forms received after this time will not be processed.

Employee's Name _____ Employee ID _____

Email address _____ Phone _____ Dept Name _____

Are you seeking a degree (check one): Yes No

Have you been accepted into a degree program? Yes No

Degree working on: Associates Bachelors Seminary/Masters Doctorate

Period of award (academic year, i.e. Fall '13); please select one: Fall _____ Spring _____ Summer _____

COURSE INFORMATION

Course Title (i.e. BUSI 500, Organizational Behavior) _____

Institution (check one) LU Resident LU Online

Other (name institution and attach course info) _____

Beginning and Ending Course Dates _____ to _____ (mm/dd/yyyy)

*Class Schedule: From _____ (am __ pm __) to _____ (am __ pm __) _____ days a week (M, T, W, Th, F)

Check if applicable: Independent Study Intensive (P1 attached for time off from work)

*If courses are taken during scheduled work hours, please submit make-up schedule signed by your supervisor.

Course Title (i.e. BUSI 500, Organizational Behavior) _____

Institution (check one) LU Resident LU Online

Other (name institution and attach course info) _____

Beginning and Ending Course Dates _____ to _____ (mm/dd/yyyy)

Class Schedule: From _____ (am __ pm __) to _____ (am __ pm __) _____ days a week (M, T, W, Th, F)

Check if applicable: Independent Study Intensive (Attach your request for time off from work.)

*If courses are taken during scheduled work hours, please submit make-up schedule signed by your supervisor.

I have read and agree to the terms and conditions of the Continuing Education (CE) policy.

Employee's Signature _____ Date _____ Supervisor's Approval _____ Date _____

Registrar _____ Date _____ Human Resources Approval _____ Date _____

HUMAN RESOURCES OFFICE USE ONLY

Credit Hours Semester _____	Status _____	Active: Y N	Ben Date: ____/____/____	Class ID: _____
Total Hrs Academic Yr _____	VTAG _____	Dept _____		