

INTERNATIONAL LEARNING UNIT (ILU) PROGRAM

Requesting Unit: _____

Address: _____

Phone Number: _____

Program Titles: _____

Please attach a Syllabus or Overview showing Learning Outcomes & Assessment

Program Dates: From: _____ To: _____

Instructor's Name: _____

Instructional Format: _____

Attendance/Passing Requirements for Awarding ILU's: _____

Sponsoring Unit: _____

Course Title: _____

Instructional or Contact Hours: _____

Anticipated Number of Attendees: _____

Submitted by: _____ Date: _____

Email Address: _____

Approved by: _____ Date: _____

This application has been approved for _____ ILU's to participants completing program requirements.

Return to:
WVU Continuing Professional Education
P.O. Box 6800
Morgantown WV 26506-6800
Phone: (304) 293-2834
Fax: (304) 293-4899