

WEST VIRGINIA UNIVERSITY
APPLICATION & APPROVAL FOR A
PROFESSIONAL DEVELOPMENT HOURS (PDH) 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 PDH'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 _____ PDH's to participants completing program requirements.

Return to:
WVU Extended Learning
Attn: Sherry Gallagher
P O Box 6800
Morgantown WV 26506-6800
Phone: 304-293-7570
Fax: 304-293-4233