



Academic Outreach & Continuing Education
External & Administrative Services

CEU (Continuing Education Unit) Approval Form

Title of Program or Course Name _____

Sponsoring Department or Organization _____ Date Submitted _____

Activity Coordinator _____ eMail _____

Address _____ Daytime phone _____

City _____ State _____ Zip _____ Fax _____

Program or Course Objective _____

Brief Description of Program or Course (attach any pertinent information) _____

Activity Location _____

Date(s) of Activity _____ Target Audience _____

Number of Participants Expected: Maximum _____ Minimum _____

Number of Instructional Hours _____ Number of CEUs Awarded Per Participant (instructional hours /10) _____

Is this program open enrollment? Yes No

If yes, would you like it posted on the MSU Continuing Education Web site? Yes No

List Instructor(s) (please attach vita)(e) _____

REQUIRED ATTACHMENTS: (1) Instructor(s) Resume or CV; (2) Agenda/Schedule (including times) for the course.

Approved _____ Date _____
Manager, Continuing Education

P.O. Box 5247 Mississippi State, MS 39762-5247 <http://www.ce.msstate.edu/ceu/index.html>
phone: 662.325.1558 Fax: 662.325.8666

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