

**CENTER FOR CONTINUING EDUCATION
CEU (CONTINUING EDUCATION UNIT)
APPROVAL FORM**



FORMS MUST BE COMPLETED IN FULL

Program Title/Course Name: _____

Sponsoring Department or Organization: _____ Date Submitted: _____

Activity Coordinator: _____ Email: _____

Address: _____ Daytime Phone: _____

Street/PO Box/Apt#

Fax: _____

City/State

Zip

Program or Course Objective: _____

Brief Description of Program or Course: _____

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) _____

Who is responsible for payment of CEUs: individual participant ... sponsoring organization/department

List instructor(s) and attach curriculum vitae (CV): _____

REQUIRED ATTACHMENTS: (1) Instructor Resume or CV; (2) Agenda/Schedule (including times) for the course; (3) evaluation form; (4) any other pertinent program materials (program brochure, flyer, or website address).

Approved _____ Date: _____

CEU Coordinator, Center for Continuing Education

**Center for Continuing Education, PO Box 5441, Mississippi State, MS 39762, Phone 662-325-1457, Fax 662-325-2657,
Email ams257@msstate.edu**

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