

**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 7558, Mississippi State, MS 39762, Phone 662-325-1457, Fax 662-325-2702,  
Email [ams257@msstate.edu](mailto:ams257@msstate.edu)**

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