SECTION 1: PROGRAM INFORMATION

Activity Title: ________________________________________________________________

Brief Description: ______________________________________________________________

Format: □ Campus credit class □ Off-campus or distance education class □ Noncredit workshop/seminar □ Other

Activity Level: □ Undergraduate □ Graduate □ Noncredit

Dates: _____________________________ Times: ______________________________

Anticipated number of participants: ____________ Minimum required: ____________ Maximum allowed

Total activity contact hours: _______________ Number of Continuing Education Units (CEUs) recommended for program: _____

One Continuing Education Unit is ten contact hours—round off to the nearest tenth (i.e., a 14-hour program is eligible for 1.4 CEUs.)

Criteria for determining satisfactory completion: ____________________________________________________________________________

______________________________________________________________________________

Instructor Name(s): ____________________________________________________________________________________________

SECTION 2: SPONSOR INFORMATION

Program Sponsor: __________________________ Telephone: _______________________

Sponsor’s Address: _____________________________________________________________________________________________

Sponsor’s E-mail Address: _______________________________________________________________________________________

SECTION 3: APPROVALS

The below signatures indicate approval for awarding CEUs to the above program:

Approval granted for ________________ Continuing Education Units.

Instructor __________________________ Date __________________________

Department Chair/Program Director __________________________ Date __________________________

Assistant Provost for Learning Initiatives __________________________ Date __________________________