



Office of Extended Education and Instructional Design

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Application for Continuing Education Units

Today's Date: _____

Date(s) of course to be offered: _____

Name of Institution (Host) making application: _____

Mailing Address of Host: _____

Contact Person: _____

Phone #: _____ Email: _____

CEU Course Title: _____

Number of Instructional Hours: _____

Instructor(s) of Course: _____

Anticipated Number of Participants: _____

Brief Description of Course:

Please provide any additional details that may be relevant.

Please remember to attach these documents:

- The instructor's credentials
- The course agenda