



THE UNIVERSITY *of* MISSISSIPPI

Office of Professional Development and Lifelong Learning

CEU Approval Request Form

Title of Program or Course Name: _____

Sponsoring Department or Organization: _____

School Code (if applicable): Liberal Arts Accountancy Business Education
 Engineering Law Pharmacy Graduate School Other: _____

Activity Coordinator: _____ E-Mail: _____

Address: _____ Daytime Phone: (____) _____

City: _____ State: _____ ZIP: _____ Fax: (____) _____

Program/Course Objectives: _____

Brief Description of Program/Course (attach any pertinent information):

Activity Location: _____ Date(s) of Activity: _____

Target Audience: _____

Format: Conference Institute Short Course Workshop Seminar Online
 Special Training Program Ed2go w/80% pass score & certificate of completion

Number of Participants Expected: _____ Maximum _____ Minimum

Number of Clock Instructional Hours: _____ Number of CEUs Expected: _____

Is this program open enrollment? Yes No

If yes, would you like it posted on the UM Continuing Education Website? Yes No

Fee to attend: \$ _____ Does this fee includes the CEU fee? Yes No

List Instructor(s) (please attached curriculum vitae (CV): _____

Evaluation Procedure: _____

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

APPROVED BY: _____

APPROVAL DATE: _____

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Division of Outreach and Continuing Education