



# THE UNIVERSITY *of* MISSISSIPPI

Office of Professional Development and Lifelong Learning

## Program Renewal Request

Title of Program to be RENEWED: \_\_\_\_\_

Sponsoring Department or Organization: \_\_\_\_\_

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: \_\_\_\_\_

Number of Participants Expected: \_\_\_\_\_ Maximum \_\_\_\_\_ Minimum

Number of Clock Instructional Hours: (same as previously approved program)

Number of CEUs Expected: (same as previously approved program)

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

List Instructor(s) (please attached curriculum vitae (CV): \_\_\_\_\_

Evaluation Procedure: (same as previously approved program)

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

APPROVAL NUMBER: \_\_\_\_\_ RENEWAL DATE: \_\_\_\_\_

\_\_\_\_\_  
*Division of Outreach and Continuing Education*

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