

Methodist University

Request for Continuing Education Units for Workshop or Activity

Information:

Name of applicant: _____

Title: _____

Sponsoring Church/Agency: _____

Address: _____

Telephone: _____

Email: _____

Workshop/Activity Information:

Educational leader directly supervising workshop who will certify credit for participants:

Name _____ Title _____

Title of workshop/activity (Title will appear on certificate; Be brief, yet descriptive.):

Workshop Site _____

Date workshop/activity begins: _____ End Date _____

Number of contact hours: _____ Number of days: _____

Estimated enrollment: _____ Estimated instructor/participant ratio: _____

Number of CEU's requested: _____

Signature of workshop/activity leader:

Committee Action: Approved Not Approved Conditional Approval

Number of units of credit approved: _____

(Signed) _____

Director of Continuing Education, Methodist University

Date: _____ Reference Number: _____