

Millersville University

Request for Awarding Continuing Education Units (CEUs)

Date Request is being submitted _____

Title of Program or Course _____

Dates(s) of program: _____

Number of program hours (do not include breaks/lunch/registration) _____

Sponsoring Organization, if applicable (please include mailing address) _____

Name of primary contact: _____

Contact Phone _____ Contact e-mail _____

Please include the following in your application packet

- Program description
 - Program objectives
 - Program outline and daily schedule
 - Resume/Vita(e) of facilitator(s)/speaker(s) providing instruction within the proposed program
 - Evaluation form
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Program Affiliation: If the program is not affiliated with Millersville University enclose a \$200 Non-refundable CEU processing fee. Please make check payable to Millersville University.

Department Affiliation _____

Department Chair/Dean signature _____

Return the completed request form and documentation to:

Millersville University

College of Graduate & Professional Studies

PO Box 1002

Millersville, PA 17551
