TEXAS TECH UNIVERSITY
Office *of the* Provost
eLearning & Academic Partnerships™

Application for Approval of Continuing Education Units (CEU)

Title of Learning Activity: _____

Type of Learning Activity: ◯ Course ◯ Workshop ◯ Conference ◯ Seminar
◯ Lecture ◯ Other (describe): _____

Beginning Date: _____ **Ending Date:** _____

Total Hours of Instruction (attach schedule): _____ **Anticipated Number of Attendees:** _____

Sponsoring Organization: _____

Co-Sponsor(s): _____

Target Audience or Client Group: _____

Description of Learning Outcome/Objective: _____

_____

Outline of Learning Activity Content (or attach program, brochure, or flyer): _____

_____

Presenter(s) / Instructor(s) (attach additional sheets if necessary): _____

_____

Qualifications of Presenter(s) / Instructor(s) (attach resume(s) or vitae(s)): _____

_____

Personal Data of Requesting CE Credit:

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Date:** _____

RETURN COMPLETED FORM BY MAIL OR EMAIL

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Texas Tech University

Mail Stop 5095

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Email: Clay.Taylor@ttu.edu