



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: _____

Office of the Provost Contact: Bonnie Cordell, Director of Microcredentials TTU Online Mail Stop 5095

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