Jackson State University School of Lifelong Learning 3825 Ridgewood Rd, Box 23 Jackson, MS 39211

Phone: (601) 979-8894 Fax: (601) 432-6124



WORKSHOPS, INSTITUTES, AND SEMINARS APPLICATION FORM

(CEUs, Contact Hours, and Certificates)

INSTRUCTIONS: Please complete and fax the application form to: Fax number -(601) 432-6124 or mail the form to: 3825 Ridgewood Road, Box 23, Jackson, MS 39211. Date of Application _____ E-mail ____ Sex Male ☐ Female Full Name First Middle Present Address Zip Code Street or Box City County State Date of Birth -- Mo. ____ Pay ___ Yr. ___ Social Security No. ____ - ___ Telephone No. Home (____) Work (____)____ Fax () MS Resident? Tes Assignment: (Please check one) Classroom Teacher/Grade___ (Name of Agency) Administrator University Staff Childcare Staff (Please specify) Have you ever attended Jackson State University? Yes No If yes, last date of attendance? If yes, name of program attended Race-- () African American () Asian () Spanish American () American Indian () Caucasian () Other (Specify) () Spanish American Have you previously earned Continuing Education Units at Jackson State University? WORKSHOP/SEMINAR INFORMATION SEMINAR/WORKSHOP TITLE TIME DATE(S) CEUs, SEMI Credits, or Contact Hours

☐ Check

☐ Purchase Order

Form III SLL

Money Order

METHOD OF PAYMENT