

**JACKSON STATE UNIVERSITY  
SCHOOL OF LIFELONG LEARNING  
NON-CREDIT PROGRAMS  
CONTINUING EDUCATION UNIT (CEU) APPLICATION**

**Directions:** Please **TYPE** this application according to the instructions provided in this packet. If you have questions, please call. Also attach any documentation that would support your application (i.e. printed training objectives, programs and vitae).

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**Name of Department/Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person** (Include title and telephone number): \_\_\_\_\_

**Title of Course/Activity:** \_\_\_\_\_

**Course/Activity Objectives:** \_\_\_\_\_

**Brief Description:** \_\_\_\_\_

**Target Audience:** \_\_\_\_\_ **Format:** \_\_\_\_\_

**Level** (Refer to application procedures for descriptions): \_\_\_\_\_ Category I \_\_\_\_\_ Category II \_\_\_\_\_ Category III

**Estimated Audience:** \_\_\_\_\_ **Tentative Dates:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Cooperating Non-Institutional Organizations** (Refer to application procedures for details): \_\_\_\_\_

**Total Instructional Contact Hours:** \_\_\_\_\_ **Number of CEUs Recommended:** \_\_\_\_\_

{ One (1) CEU= Ten (10) Clock Hours                      Cost: One CEU or less is \$20; over One CEU is \$2 per 1/10 CEU }

**Teaching Location:** \_\_\_\_\_

**Source of Revenue:** \_\_\_\_\_ **Suggested Enrollment Fee:** \_\_\_\_\_

**Personnel Data:** [Name, Social Security Number and Telephone Number of Teacher(s)/Consultant(s)]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Time Personnel will allocate to this course/activity** (If University personnel, please explain):

**Evaluation Procedure:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Course Instructor/Activity Director (Application be signed)

Date

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Department Chair/Immediate Supervisor (Not applicable for Non-University requests) \_\_\_\_\_ Date

Dean, Academic School (Not applicable for Non-University requests) \_\_\_\_\_ Date

Director, Non-Credit Programs \_\_\_\_\_ Date

Director of Lifelong Learning \_\_\_\_\_ Date

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**PERSONNEL DATA FORM**

**Personal**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street City State ZIP  
**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Employment**

**Name of Employer:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street City State ZIP

**Education:** Please list education, beginning with the highest degree received.

<u>Year</u>	<u>Degree</u>	<u>Major(s)</u>	<u>College or University</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	High School Graduate	_____	_____ Equivalency Graduate

**Certification, Licenses, Relevant Training (Please combine similar training.)**

<b>Year</b>	<b>Certification, License or Program</b>	<b>Certifying or Training Organization</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If requested, complete the following:** \_\_\_\_\_ **Requested** \_\_\_\_\_ **Not requested**

Briefly describe your special expertise, experience, knowledge and recognition directly related to the proposed work. Combine figures and years of experience in work areas, listing or highlighting the most relevant or recent first. (Unless it is relative, such as a past publication, please do not go back more than ten years, unless combined with recent work.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheet or reverse side as necessary or desired.)

**JACKSON STATE UNIVERSITY  
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NON-CREDIT PROGRAMS**

**CONTINUING EDUCATION UNIT (CEU) ENROLLMENT AND REQUEST FORM**

**INSTRUCTIONS**

The student/participant should complete **Section I** of this form during the first class meeting and submit it along with CEU fees to the teacher/consultant for completion. For **Section II**, the student should evaluate the training or seminar and submit the form to the activity director/ program facilitator or mail-in form to: **School of Lifelong Learning - Director, Non-Credit Programs - 3825 Ridgewood Road - Jackson, MS 39211** with appropriate check payable to Jackson State University.

**Section III** should be completed by the course faculty/activity director, the Director of Non- Credit Programs, and Dean, School of Lifelong Learning.

A University CEU certificate indicating the number of CEUs earned will be mailed to students/participants who successfully complete course/activity requirements. CEU credits will be maintained as permanent cumulative records. (CEU requests will not be honored if submitted more than 30 days after final course/activity date.)

**SECTION I**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male Race: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email address: \_\_\_\_\_

Title of Course/Activity: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Number of CEUs Requested: \_\_\_\_\_ CEU Fee \$ \_\_\_\_\_

**SECTION II**

**Evaluation of the Training**

____ Excellent	____ Good	____ Average	(The training was well organized, interactive and motivating.)
____ Excellent	____ Good	____ Average	(I enjoyed the speaker and or trainer)
____ Yes	____ No	____ N/A	(The topics and discussions were related to my field of work.)

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III**

This course/activity was offered in compliance with procedures set forth by Jackson State University's School of Lifelong Learning. The student/participant has satisfactory met course requirements and is therefore awarded \_\_\_\_\_ CEUs.

\_\_\_\_\_  
Signature and Title of Trainer or Activity Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Non- Credit Programs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, School of Lifelong Learning

\_\_\_\_\_  
Date

**Jackson State University  
School of Lifelong Learning  
Non-Credit Programs**

**Continuing Education Unit (CEU) Application  
Event Summary: A Suggested Format**

**Date:** \_\_\_\_\_

**Department/Agency:** \_\_\_\_\_

**Title of Course/Activity:** \_\_\_\_\_

Objectives	Content (Topics)	Time Frame	Teacher/Consultant	Instructions
List objectives in operational/behavioral terms.	List each topic and provide description or outline of the content to be presented.	State the beginning and ending time for Each topic area.	List the name and title of presenter(s) for each topic teaching/training area.	Describe the specific method(s) to be used.