

**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(s) that would support your application (i.e. printed training objectives, programs and vitae).

Name of Department/Agency: _____

Address: _____

Contact Person (Include title and telephone number): _____

_____ Email: _____

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 must be signed)

Date

Director, Non-Credit Programs

Date

Director, School Lifelong Learning

Date

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PERSONNEL DATA FORM

Name: _____ Title: _____

Address: _____

Street City State ZIP
SSN: XXX-XX- 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:

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

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.)

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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. **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 Director, 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: xxx-xx-_____

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

MAKE CHECK PAYABLE TO: JACKSON STATE UNIVERSITY

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

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

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 methods(s) to be used.
