Application for Assignment of Continuing Education (CEUs for Noncredit Activity)

Return complete forms to Laurel Garrett, Online and Distance Education, Ball State University, Muncie, IN 47306. Completed forms may be e-mailed to lagarrett@bsu.edu or faxed to 765-285-7161.

SECTION 1: PROGRAM INFORMATION

Activity Title: ____________________________________________________________

Brief Description: _______________________________________________________________________________________

Format: ☐ Campus credit class ☐ Off-campus or distance education class ☐ Noncredit workshop/seminar ☐ Other

Activity Level: ☐ Undergraduate ☐ Graduate ☐ Noncredit

Dates: ____________________________ Times: _____________________________________________

Anticipated number of participants: __________ Minimum required: ______________________ Maximum allowed __________

Total activity contact hours: _________________ Number of Continuing Education Units (CEUs) recommended for program: _______

One Continuing Education Unit is ten contact hours—round off to the nearest tenth (i.e., a 14-hour program is eligible for 1.4 CEUs.)

Criteria for determining satisfactory completion: ____________________________________________________________________________

_____________________________________________________________________________________________________________________

Instructor Name(s): _____________________________________________________________

SECTION 2: SPONSOR INFORMATION

Program Sponsor: __________________________ Telephone: _______________________________________________________________________

Sponsor’s Address: _______________________________________________________________________________________________________

Sponsor’s E-mail Address: __________________________________________________________________________________________________

SECTION 3: APPROVALS

The below signatures indicate approval for awarding CEUs to the above program:

Approval granted for ______________ Continuing Education Units.

_____________________________________________________________________________________________________________________

Instructor ___________________________________________ Date __________

Department Chair/Program Director _________________________ Date __________

Assistant Provost for Learning Initiatives _________________________ Date __________