

Participant Information for Granting Continuing Education Units (CEUs)



Note to Activity Instructor: Please have each participant complete Section 1 of this form. At the conclusion of the activity, complete Section 3 and return all participant 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. Programs not associated with Ball State University require a \$10 per-person charge. Checks should be made payable to Ball State University. This fee may be paid by the sponsoring organization or by the individual participants requesting CEUs.

SECTION 1: TO BE COMPLETED BY THE PARTICIPANT

Name (first, middle, last): _____

Home Street Address: _____

Home City/State/Zip: _____

Home Phone: _____ Male Female

E-mail Address: _____

Social Security No. _____

Your Social Security number is required only if you wish to have your activity documented on a special CEU transcript prepared by the Ball State Registrar's Office.

SECTION 2: TO BE COMPLETED BY THE SPONSORING ORGANIZATION

Activity Title: _____

Activity Dates: _____

Approval Granted for: _____ Continuing Education Units

SECTION 3: TO BE COMPLETED BY THE ACTIVITY INSTRUCTOR.

Did the above participant satisfactorily complete the activity? Yes No

If not, why? _____

Instructor's Signature: _____ Date: _____