Office of Continuing Education

REQUEST FOR CONTINUING EDUCATION UNITS (CEU)

NAME OF EDUCATOR: _____DATE _____

ADDRESS: _____

CITY:_____STATE_____ZIP_____

☐ **CHECK IF NEW ADDRESS**

TEACHER LICENSE# **LAST FOUR OF SOCIAL SECURITY#***

_____ _____

**Please note this form cannot be processed without this information*

DAYTIME TELEPHONE # _____ EMAIL _____

COURSE OR SEMINAR: **NAfME ACADEMY WORKSHOP FOR EDUCATORS**

PROVIDER: **NATIONAL ASSOCIATION FOR MUSIC EDUCATION**

INSTRUCTOR (S): **DAVID SYNDER, et al.**

SPECIFIC DATE PROGRAM COMPLETED _____

NUMBER OF CONTACT HOURS: **FIVE (5)** **NUMBER OF CEUs: .5**

*Complete this request form and **pay the $15.00 CEU fee online at www.mc.edu/ceu** and include receipt number on this form. Online payment receipt number_____. **If paying online, you may email this form to dfolkes@mc.edu. Otherwise, mail this completed form to the address below, for processing.**

Please note that in order for CEU credit to be awarded; all sessions must have been attended, as partial CEU credit cannot be given.

CEU certificates will not be issued after six months of the last date of training.

CEU s Office of Continuing Education Mississippi College Box 4031 Clinton MS 39058

www.mc.edu/offices/ce