



**Mississippi
College**
A CHRISTIAN UNIVERSITY

Office of Continuing Education

REQUEST FOR CONTINUING EDUCATION UNITS (CEU)

NAME OF EDUCATOR: _____ DATE _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS

TEACHER LICENSE NUMBER & LAST FOUR OF SOCIAL SECURITY NUMBER*

**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

*Pay \$10.00 online at **www.mc.edu/ceu** and include receipt number on this form. Online payment confirmation number _____.

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