



**LIST THE DATE(S) FOR EACH TIME THIS PROGRAM IS TO BE OFFERED.  
LIST IN CHRONOLOGICAL ORDER.**

14.	BEGINNING DATE			ENDING DATE			GEOGRAPHIC LOCATION OF PROGRAM
	MONTH	DAY	YEAR	MONTH	DAY	YEAR	
01							
02							
03							
04							
05							
06							

15. IS THIS PROGRAM ALSO OFFERED FOR COLLEGE CREDIT? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the name of the college that is to grant credit: \_\_\_\_\_

16. TOTAL NUMBER OF TIMES THIS PROGRAM IS TO BE OFFERED: \_\_\_\_\_

17. TOTAL CONTACT HOURS OF PROGRAM: \_\_\_\_\_

18. TOTAL NUMBER OF HOURS OF PARTICIPATION REQUIRED: \_\_\_\_\_

19. TOTAL NUMBER OF PARTICIPANTS EXPECTED: \_\_\_\_\_

20. NUMBER OF PARTICIPANTS YOU EXPECT TO REGISTER FOR THE CEU: \_\_\_\_\_

**FOR CMU OFFICIAL USE ONLY**

PROGRAM APPROVED FOR: \_\_\_\_\_ CEU \_\_\_\_\_ PROGRAM DENIED

Denied because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary K. Starnes  
Director, Educational & Professional Development

**DATE(S) AND LOCATION(S) INFORMATION**

21. Name of Facility and Address Where Program is to be Scheduled	City	Dates in Chronological Order			Times	
		MO	DA	YR	From	To
<b>1st OFFERING OF PROGRAM</b>					AM/PM	AM/PM
DAY 1						
DAY 2						
DAY 3						
DAY 4						
DAY 5						
DAY 6						
DAY 7						

Name of Facility and Address Where Program is to be Scheduled	City	Dates in Chronological Order			Times	
		MO	DA	YR	From	To
<b>2nd OFFERING OF PROGRAM</b>					AM/PM	AM/PM
DAY 1						
DAY 2						
DAY 3						
DAY 4						
DAY 5						
DAY 6						
DAY 7						

Name of Facility and Address Where Program is to be Scheduled	City	Dates in Chronological Order			Times	
		MO	DA	YR	From	To
<b>3rd OFFERING OF PROGRAM</b>					AM/PM	AM/PM
DAY 1						
DAY 2						
DAY 3						
DAY 4						
DAY 5						
DAY 6						
DAY 7						

**22. PROGRAM GOALS, CONTENT, ETC. (COMPLETE ALL INFORMATION)**

**Overall Goal/Objectives of Program**

(Include 3 – 5 sentences.)

**Program Content**

**Instructional Methodology (including instructional aides, learning materials, etc.)**

**Specific Learning Outcomes for Participants**

**Program Description**

Provide a description of the program and content to be used for the permanent CEU record.

**Program Agenda**

The agenda needs to show precise hour-by-hour activities so instructional (contact) hours may be verified. Training sessions longer than 2 1/2 hours must include a 15-minute break. Welcome, breaks, meal times, and registration are not to be included in contact hours. **Please attach a copy of the agenda.**

**Evaluation Summary**

Sponsors may use their own evaluation form. Sponsors will need to prepare and submit to Central Michigan University an evaluation summary of CEU registrants.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

***Send completed application to: CEU APPLICATION, Educational & Professional Development, Central Michigan University, Off-Campus Programs, 802 Industrial Drive, Mount Pleasant, MI 48858. Phone (800) 950-1144, ext. 7129 or (989) 774-7129. Fax (989) 774-1188.***