



COAHOMA COMMUNITY COLLEGE  
EDUCATIONAL OUTREACH

**PARTICIPANT APPLICATION FOR CEUs**

*In order to receive Continuing Education Unit for a program, this form must be completed by each participant and submitted to the non-credit program instructor who will submit the form to the Office of Educational Outreach with payment receipt.*

*Note: There is a two-week wait from the date of request*

**PERSONAL INFORMATION**  
(PLEASE ANSWER ALL QUESTIONS)

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**PROGRAM INFORMATION**

Program Title \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Location \_\_\_\_\_

Date(s) \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

The instructor's signature verifies that the participant met the requirements to receive CEUs for the workshop indicated above.

3240 Friars Point Road, Clarksdale, MS 38614 Phone: 662-621-4702 Fax: 662-621-2026