



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

<h3>PERSONAL INFORMATION</h3> <p>(PLEASE ANSWER ALL QUESTIONS)</p>
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Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

E-mail Address _____

<h3>PROGRAM INFORMATION</h3>

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: 662-621-4127