

# COAHOMA COMMUNITY COLLEGE

## EDUCATIONAL OUTREACH

### PROGRAM APPROVAL FORM FOR AWARDING CEUs

*In order to receive Continuing Education Units for a program, this form must be completed and submitted to the Office of Educational Outreach two weeks prior to the beginning of the session.*

*Note: Please inform participants that there is a two-week wait for certificates.*

#### PROGRAM INFORMATION

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

Instructor \_\_\_\_\_

Location \_\_\_\_\_

Number of Instructional Contact Hours \_\_\_\_\_ Number of CEUs \_\_\_\_\_

Date(s) of Workshop \_\_\_\_\_

Time(s) of Workshop \_\_\_\_\_

Is this workshop/program open to the public?     Yes             No

Please identify group being served \_\_\_\_\_

Projected Number of Participants \_\_\_\_\_

#### CONTACT PERSON

Contact Person \_\_\_\_\_

Sponsoring Organization or Department \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_\_\_ Approved            \_\_\_\_\_ Disapproved

\_\_\_\_\_  
DIRECTOR OF EDUCATIONAL OUTREACH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEAN OF ACADEMIC AFFAIRS  
CHIEF ACADEMIC OFFICER

\_\_\_\_\_  
DATE