

2KLR 8QLYHUVLW\

&RQXQQJ (GXFDWLRQ 8QLW \$\$\$OLFDFWLRQ

1. Program Title: \_\_\_\_\_

Beginning Date			Ending Date			Time	
Month	Day	Year	Month	Day	Year	Start	Finish

Sponsoring unit(s) for activity: \_\_\_\_\_

Person validating participants: \_\_\_\_\_

2. Program Description (Copy of daily program activities must be attached).

---

---

---

---

---

---

---

---

3. Specific Learning Outcomes Upon completion participants will be able to:

---

---

---

4. Intended Audience: \_\_\_\_\_

6. Criteria for Determining Satisfactory Completion in Awarding CEUs:

---

---

---

7. Location(s)

---

---

8. Instructor(s):

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

9. Cooperating Organization(s)(if applicable) \_\_\_\_\_

---

For *Office* Use Only:

All requirements have been met and approval is hereby recommended:

*Program Coordinator*

Date

Sponsor's/*Dean's* Representative

Date

Approval granted for \_\_\_\_\_ Continuing Education units.