

Continuing Education Consultation Report

*This form is valid one (1) year from the date of approval.
It must be updated & re-submitted for approval on an annual basis*

Contact Person: _____ Email: _____

Account Name: _____ Account Number: _____

Address including Mail Stop: _____ Phone: _____

Program Title: _____

Type of Request: New Program Renewal (program has been submitted before)

Delivery Format: Face-to-face Online Combination Other _____

Program Date(s): _____ to _____ Not Applicable, program is self-paced.
(Start) (End)

Program Length: _____ Continuing Education Units (CEUs): _____
(Contact hours include: reading, assignments, etc.) (10 contact hours = 1 CEU; 1 contact hour = 0.1 CEU; if no CEUs requested, indicate "None.")

Estimated Attendance: _____ Fee: _____

Program Location (if applicable): _____
(Institution) (Building)

(City) (state) (ZIP)

Program Sponsor: _____
(College or Division) (Department)

Program Co-Sponsor (if applicable): _____
(Affiliated with PVAMU or Other Professional Organization)

Funding (if no charge for program): _____
(Source) (Amount)

Approved:

Assistant Vice-President of Continuing Education (AVP-OCE) (Date)

An application for CE certificates must be submitted for approval one (1) month prior to launching a CE Course or Activity.

The Office of Continuing Education is the only office authorized to issue CEU's on behalf of Prairie View A&M University.