



## NON-CREDIT REPORT/ CEU REQUEST FORM

*Office Use Only*  
Course ID # \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Entered by: \_\_\_\_\_  
# of CEUs awarded: \_\_\_\_\_

(please type or print)

Program Sponsor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Date of Proposal: \_\_\_\_\_

**NOTE: This request is be submitted to CGOP no less than ten working days prior to the program's beginning.**

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

**Non-Credit Instructional Program Type (select one of each):**

CO-conference	<input type="checkbox"/> University Supported/Sponsored <input type="checkbox"/> University Hosted/Endorsed
WK – workshop	<input type="checkbox"/> Non-University Non-Credit Program
SM – Seminar	<p><b><u>University Supported/Sponsored:</u></b> Program developed solely by a university department where all remaining funding stays within university accounts, and the university is responsible for all costs.</p>
SC – Short Course	<p><b><u>University Hosted/Endorsed :</u></b> Program involving a non-university or JMU student organization, that gains access to university facilities and services through the formal invitation of a JMU official or department acting as host.</p>
IT – Institute	<p><b><u>Non-University:</u></b> Program developed solely by an off campus organization, where all remaining funding goes to the organization, and the organization is responsible for all costs. The name “James Madison University” may be used only in the title as the location of the program.</p>
ST – Special Training Program	

Brief Program Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exact Beginning Date of Program \_\_\_\_\_ Exact Ending Date of Program \_\_\_\_\_

Meeting Times \_\_\_\_\_

Will this program be ongoing (ie. An annual event; occur each semester)? \_\_\_\_\_

**\*NOTE: A non-credit report/CEU Request form must be submitted for each occurrence of the program, even if it recurs annually or otherwise.**

Has the Accounting Services previously assigned this program a departmental number? Yes \_\_\_ No \_\_\_

Departmental number assigned/used: \_\_\_\_\_

Location of Program \_\_\_\_\_

**NOTE: Facility, lodging, parking, meal and recreation arrangements must be made with appropriate university or off-campus proprietors by the program sponsor. The College of Graduate and Outreach Programs is unable to assume the responsibility for these services, but will assist program sponsors to locate the appropriate department.**

Is Enrollment Restricted? No \_\_\_ Yes \_\_\_ If yes, specify the target audience \_\_\_\_\_

Do you request documentation of CEUs/contact hours for each participant? No \_\_\_\_\_ Yes \_\_\_\_\_

***If requesting documentation of CEUs/contact hours, please complete this box:***

Total Contact Hours per Participant: \_\_\_\_\_

NOTE: A CEU is a national standard measure of non-credit training. One CEU is equivalent to ten contact hours per participant..

**There is a \$10.00 charge per individual receiving documentation of CEUs/contact hours. Sponsor must supply a final course roster to ensure accurate record-keeping. Sponsor is ultimately responsible for payment of the CEU fees.**

Do you desire certificates to be prepared for participants? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, sponsor must supply the final course roster no later than ten working days before the certificates are needed.

**Note: Appropriate support documents should accompany the CEU Program Request Form. These documents include : a course syllabus and/or learning objectives, schedule, method of evaluation, and instructor resume' and vitae. (See the CEU Guidelines and Procedures for more information.) Programs will not be approved for**

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

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(Office use only)

Department Head Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(For University sponsored/supported only...by signing, you accept responsibility for account balances.)

Department Head (printed name) : \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(For University sponsored/supported only...by signing, you accept responsibility for account balances.)

Dean (Please print name): \_\_\_\_\_

Accounting Services: \_\_\_\_\_ Date \_\_\_\_\_

The College of Graduate and Outreach Programs \_\_\_\_\_ Date \_\_\_\_\_