



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: _____ Email: _____

Address _____

Phone: _____ Date of Proposal: _____

NOTE: This request must be submitted to Outreach & Engagement 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	_____ University Supported/Sponsored
	_____ University Hosted/Endorsed
WK – workshop	_____ Non-University Non-Credit Program
SM – Seminar	University Supported/Sponsored: Program developed solely by a university department where all remaining funding stays within university accounts, and the university is responsible for all costs.
SC – Short Course	University Hosted/Endorsed: 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.
IT – Institute	
ST – Special Training Program	Non-University: 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.

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.

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. Outreach & Engagement 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 CEUs without appropriate support documents.

Signature of Sponsor _____ Date _____

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): _____

Outreach & Engagement: _____ Date _____