



OFFICE USE ONLY
Course ID#
Date Entered:
Entered by:
# of CEUs Awarded:

## NONCREDIT REPORT / CEU REQUEST FORM

Please print or type all information.

- This request must be submitted to Professional & Continuing Education at least ten working days prior to the program’s beginning.
- A non-credit report/CEU Request form must be submitted for each occurrence of the program, even if it recurs annually or otherwise.

**Date of Proposal:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

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

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Noncredit Instructional Program Type (select one of each):**

<input type="checkbox"/> CO – Conference	<input type="checkbox"/> University Supported / Sponsored
<input type="checkbox"/> WK – Workshop	<input type="checkbox"/> University Hosted / Endorsed
<input type="checkbox"/> SM – Seminar	<input type="checkbox"/> Non-University Noncredit Program
<input type="checkbox"/> SC – Short Course	<b>University Supported/Sponsored:</b> Program developed solely by a university department where all remaining funding stays within university accounts, and the university is responsible for all costs.
<input type="checkbox"/> IT – Institute	<b>University Hosted/Endorsed:</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.
<input type="checkbox"/> ST – Special Training Program	<b>Non-University:</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.

**Brief Program Description:**

Is Enrollment restricted? Yes  No

**Exact Start Date:** \_\_\_\_\_ **Exact End Date:** \_\_\_\_\_ **Meeting Time:** \_\_\_\_\_

**Will the program be ongoing? (ex. an annual event, occurs each semester):** \_\_\_\_\_

**Location of program:** \_\_\_\_\_

**Do you request documentation (certificates) of CEUs/contact hours for each participant?**

Yes  No

**If requesting documentation of CEUs/contact hours, please answer the following:**

*A CEU is a national standard measure of non-credit training. One CEU is equivalent to ten contact hours per participant. There is a \$25.00 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.*

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

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.

*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.*

**Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*(For university sponsored/supported only. By signing you accept responsibility for account balances.)*

**Date:** \_\_\_\_\_

**Dean Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*(For university sponsored/supported only. By signing you accept responsibility for account balances.)*

**Date:** \_\_\_\_\_

**Professional & Continuing Education:** \_\_\_\_\_

**Professional & Continuing Education Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_