

CONTINUING EDUCATION UNIT APPLICATION

Fort Peck Community College
P.O. Box 398 Poplar, MT 59255
Phone: (406) 768-6300 Fax: (406) 768-6301

PRESENTER REGISTRATION FORM

Date: CEU Course No.:

CEU Course Title:

Requested By:

Name

Department / Organization

Beginning Date:

Ending Date:

Days and Times:

Number of CEUs:

Location:

City

Meeting Place

Instructor:

Credentials:

Course Schedule:

Learning Outcome(s):

Evaluation/Assessment procedures: Workshop Quality Scale Survey

APPROVAL SIGNATURE

CEU Coordinator: _____
Patty Murray

Date: _____