



**Mississippi
College**
A CHRISTIAN UNIVERSITY

Office of Continuing Education

REQUEST FOR CONTINUING EDUCATION UNITS (CEU)

NAME OF STUDENT: _____ DATE _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS

SOCIAL SECURITY NUMBER* _____

** Please note this form cannot be processed without this information*

DAYTIME TELEPHONE # _____ EMAIL _____

COURSE OR SEMINAR: **IMPROVING INSTRUCTION THROUGH
STRATEGIC CONVERSATIONS WITH TEACHERS**

PROVIDER: **KNOWLEDGE DELIVERY SYSTEMS**

INSTRUCTOR(S) **ROBYN JACKSON**

SPECIFIC DATE PROGRAM COMPLETED _____ **09/10**

NUMBER OF CONTACT HOURS: **TWENTY (20)** NUMBERS OF CEUs: **2.0**

Please mail this completed form along with a **\$20.00** check or money order made payable to Mississippi College to the address listed below. Your official record of participation will be mailed to you after your provider furnishes proof of attendance for all sessions and the Mississippi College Office of Continuing Education processes this form. Please note that in order for CEU credit to be awarded; all sessions must have been attended, as partial CEU credit cannot be given. Additional copies of the transcript can be issued for \$5.00 each.

CEU certificates will not be issued after six months of the last date of training.

*CEU s Office of Continuing Education Mississippi College Box 4031 Clinton MS 39058
www.mc.edu/academics/ce*