



**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: **INCLUSIVE TEACHING FOR AIDING STUDENTS  
WITH DISABILITIES**

PROVIDER: **KNOWLEDGE DELIVERY SYSTEMS**

INSTRUCTOR(S): **PLANZ, TILESTON**

SPECIFIC DATE PROGRAM COMPLETED \_\_\_\_\_ **07/08**

NUMBER OF CONTACT HOURS: **TEN (10)**      **NUMBERS OF CEUs: 1.0**

Please mail this completed form along with a **\$10.00** 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/continuinged*