

# MERIDEN PUBLIC SCHOOLS CEU EQUIVALENT REQUEST FORM

<b>DATE:</b>	
<b>NAME:</b>	
<b>SCHOOL:</b>	<b>GRADE/SUBJECT:</b>
<b>TITLE OF WORKSHOP/CONFERENCE:</b>	
<b>SPONSOR OF ACTIVITY:</b>	
<b>DATE(S) OF ACTIVITY:</b>	
<b>LOCATION OF ACTIVITY:</b>	
<b>DESCRIPTION OF ACTIVITY:</b> (Please be specific as this information is needed for your CEU certificate. If possible, attach a flyer, brochure, etc. with agenda/description of activity.)	
<b>TIME SCHEDULE:</b> (Indicate exact time schedule - credit is given only for actual time of instruction, not for welcome address, breaks or lunch. If you are planning to attend more than one workshop session, indicate time schedule for <b>each</b> session.)	
<b>PURPOSE FOR CHOOSING THIS ACTIVITY:</b> (Why is this an appropriate activity for you/your work.)	
<b>OBJECTIVES:</b> (What do you hope to learn by attending this session? What value will this have for the district?)	

Over....

**CEU EQUIVALENT CREDIT:**

**TOTAL NUMBER OF HOURS OF ACTUAL INSTRUCTION:** \_\_\_\_\_

**TOTAL NUMBER OF CEU EQUIVALENTS REQUESTED:** \_\_\_\_\_  
(.1 CEU will be awarded for each hour of instruction)

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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(For Office Use Only)

**DECISION TO AWARD/DENY CEU EQUIVALENT CREDIT**

CEU EQUIVALENT CREDIT APPROVED: \_\_\_\_\_

Total number of CEU Equivalents approved: \_\_\_\_\_

CEU EQUIVALENT CREDIT DENIED: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES:**

\_\_\_\_\_  
**Curriculum & Adult Education Administrator**

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

\_\_\_\_\_  
**Associate Superintendent for Instruction**

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

Activity Number: \_\_\_\_\_