

CEU EQUIVALENT CREDIT

VERIFICATION OF COMPLETION

DATE: _____

NAME: _____

SCHOOL: _____ GRADE/SUBJECT _____

TITLE OF WORKSHOP/CONFERENCE: _____

SPONSOR OF ACTIVITY: _____

DATE(S) AND TIME(S) OF ACTIVITY (Please be specific as the number of CEU Equivalents will be determined from this information):

LOCATION OF ACTIVITY:

OBSERVABLE OUTCOMES (Describe results of your attendance, e.g. new learning, teacher competencies, program improvement):

VERIFICATION OF COMPLETION OF ACTIVITY (Attach Verification of Attendance form or attendance record).

APPLICANT'S SIGNATURE _____

To be completed by Curriculum and Adult Education Administrator:

Number of CEU Equivalents Awarded: _____

Date Credit Awarded: _____

Date CEU Certificate Sent: _____

ADMINISTRATOR'S SIGNATURE _____ DATE _____