

Effective February 23, 2016



COPIAH-LINCOLN COMMUNITY COLLEGE
Continuing Education Unit (CEU) Request Form



APPLICANT INFORMATION

PREFERRED

First Name _____ M.I. _____ Last _____

Date of Birth: _____ / _____ / _____
Month Day Year

SSN: _____ - _____ - _____

Mailing Address _____

City _____ State _____ ZIP _____

County of Residence _____ Telephone No. _____ / _____ / _____

Email Address (optional) _____

ETHNIC/RACIAL GROUP

SEX

- White/Caucasian
- Black/African American
- Hawaiian Native/Pacific Islander
- Asian
- American Indian/Alaskan Native
- Hispanic/Latino

- Female
- Male

LEVEL OF EDUCATION

EMPLOYMENT STATUS

Please indicate which of the following best describes your level of education:

Please indicate if you are currently:

- Less than high school
- High school degree/GED
- Some college (no degree/Career Certification)
- Associate degree (2 yr. degree)
- Bachelor degree (4 yr. degree)
- Masters/Ph.D.

- Employed
- Retired
- Unemployed

EMPLOYMENT TYPE

TEMPORARY EMPLOYMENT

Please indicate if your current or most recent employment is/was:

Please indicate if your current or most recent employment is/was temporary:

- Full time
- Part time
- Seasonal

- Yes
- No

EMPLOYER

Please provide name of your current or most recent employer: _____

CLASS INFORMATION

Class Title: _____

Date Started: _____ Date Completed: _____

DISCLAIMER AND SIGNATURE

The information provided on this form will remain confidential and will only be used to improve services provided by the Office of Continuing Education.

Date _____ Signature _____

<p>CEU Training Provider <i>(Office Use Only)</i> <i>Do not write in this space</i></p>	Instructor _____
	Beginning Date _____ Ending Date _____ Location _____
	CEU Clock Hours _____ Number of CEUs _____ Payment: Amount \$ _____ Cash <input type="checkbox"/> Check/PO <input type="checkbox"/>