

## CEU Request Form

NAME: \_\_\_\_\_

STUDENT ID# *(if you know it):* \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### Student's Responsibility:

1. Register for the CEUs: <http://www.campusce.net/edmondsarts/course/course.aspx?catId=135>  
One registration fee will cover all the classes/workshops you take during the same quarter. The fee of \$20 is due at the time of registration.
2. Complete this form with the Course Title, Item Number, Start/End Dates, and Total Hours. The number of CEUs earned will be completed by the CEU Administrator.
3. Obtain the instructor's signature on this form on the last day of class or at the end of your workshop.
4. **Mail** the completed form to: Community Education, Edmonds Community College, 20000 68<sup>th</sup> Avenue West, Lynnwood, WA 98036-5999 **or Drop off** the completed form to: Community Education, Edmonds Community College, Maltby Building Room 102, located at 7020 196<sup>th</sup> St. SW, Lynnwood, WA 98036.
5. The CEU Administrator will sign the form and award you the number of CEUs earned by mailing you a letter to your home address.
6. This form must be turned in **within 30 days of your last class/workshop** to be processed.

**Please Note:** To be awarded CEUs, you must attend all class/workshop sessions, be respectfully attentive and engaged for the entire class session, and pay the \$20 fee for class in advance for the administration of CEUs.

Course/Workshop Title	Item Number	Start/End Dates	Total Course Hours	# of CEUs Earned <small>(completed by CEU Administrator)</small>

I, the instructor, attest to the accuracy of the above information. This student attended all class/workshop sessions and has satisfactorily completed this course/workshop.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Instructor: \_\_\_\_\_

CEU Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_