

**Project Title** (Suitable for CEU Certificate) \_\_\_\_\_

**Project Description** \_\_\_\_\_

**Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_ **Contact Hours** \_\_\_\_\_  
*10 contact hours equal 1 Continuing Education Unit*

**Representative Requesting Non-Credit Offering** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Department Name** \_\_\_\_\_ **Unit MoCode for Billing** \_\_\_\_\_

**There is a CEU processing fee of \$5.00 per recipient.** This fee is waived for projects utilizing the registration services of the MU Conference Office.

**Requested notification method of awarded CEUs** (select one)

- Email certificate to participant       None needed  
 Send physical certificates to department for distribution – additional \$5.00 per recipient

## Academic Approval

Units wishing to offer CEUS must seek approval from an appropriate academic department.

**Course Level:**     Undergraduate     Graduate    Maximum Enrollment (if applicable) \_\_\_\_\_

**Delivery Mode:**     In Person     Onsite Instruction     Online

**Audience:**     Internal     Local     Statewide     Regional  
                   National     International     ISE (MU Extension)

**Program Location** (Check One):     On Campus     Off Campus     Online (skip address section)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

**Department and College or School Granting Academic Approval**

**Print Name of Faculty member authorized to grant academic approval**

**Signature of Faculty member authorized to grant academic approval with date**

\_\_\_\_\_ Date \_\_\_\_\_

This form, when complete, should be sent to the  
**MU Conference Office**, [ceuregistrar@missouri.edu](mailto:ceuregistrar@missouri.edu)

For Office Use Only

# of recipients: \_\_\_\_\_ Total Charge: \$ \_\_\_\_\_ JE # \_\_\_\_\_