



**Mississippi
College**
A CHRISTIAN UNIVERSITY

Office of Continuing Education

REQUEST FOR CONTINUING EDUCATION UNITS (CEU)

NAME OF EDUCATOR: _____ DATE _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS

SOCIAL SECURITY NUMBER* _____

**Please note this form cannot be processed without this information*

DAYTIME TELEPHONE # _____ EMAIL _____

COURSE OR SEMINAR: NafME ACADEMY WORKSHOP FOR EDUCATORS

PROVIDER: NATIONAL ASSOCIATION FOR MUSIC EDUCATION

INSTRUCTOR (S): DAVID SYNDER, et al.

SPECIFIC DATE PROGRAM COMPLETED _____

NUMBER OF CONTACT HOURS: FIVE (5)

NUMBER OF CEUs: .5

Please mail this completed form along with a \$10.00 check or money order made payable to Mississippi College to the address listed below. You will need to include official record of completion for five NAME sessions in order for Mississippi College Office of Continuing Education to process and award CEUs. Please note that in order for CEU credit to be awarded; at least five one-hour sessions must have been attended or completed, as partial CEU credit cannot be given. Additional copies of the transcript can be issued for \$10.00 each.

CEU certificates will not be issued after six months of the last date of training.

CEU s Office of Continuing Education Mississippi College Box 4031 Clinton MS 39058

www.mc.edu/offices/ce