

# Iowa State University Extension and Outreach

## Continuing Education Unit (CEU) Application Form

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*Completed form must be approved by Iowa State University Registration Services prior to the start of the program. If approved, this application is good for two years from the starting date of the program. All of the information on this form must be completed in full.*

**Program Title**

**Starting Date**

**Ending Date**

**Location**     
City State County

**Target Audience**

**Degree required for participants** ☐None ☐High School ☐BA/BS ☐MA/MS ☐DVM

**Brief description of the program**

**Program Objectives**

**Subject matter content**

**Participant evaluation procedures**

**Instruction methodology** (attach tentative program with time allocations)

**Format** (Select the one that best applies. Refer to the Policy and Procedures Guide for explanation of each.)

- ☐Class ☐Conference ☐Lecture Series ☐Special Training Program  
☐Seminar ☐Workshop ☐Televised Instruction ☐Correspondence Course/Independent Study  
☐Institute ☐Short Course ☐Web Based Instruction ☐Other

**Number of CEUs requested**

**Program sponsored by**

**Is this also a credit course?** ☐No ☐Yes If yes,  Credit hours   
Course Department & Number

**Other information**

**Contact Person** (Will receive correspondence regarding the application and any questions)

Name				Phone			
Mailing Address							
	Street/Box		City	State	Zip Code		
Email							

**Approvals** (Must complete before submitting application)

Will program participants pay for CEUs individually? ☐ Yes ☐ No

Will program participants pay for CEUs as part of their registration fees? ☐ Yes ☐ No

**If the CEU cost will be incorporated into your program's fees, please review the following statement.**

Registration Services has my permission to send Continuing Education Units (CEU) certificates to all who apply for such units without first verifying the registrant has paid. I understand that the charges incurred for such CEUs will be directly applied to the program whether or not the participant's payment is received.

Note: The absence of initials will result in CEU certificates being held until payment is received. \_\_\_\_\_  
Chairperson's initials

There is a non-refundable \$75 application fee that must be submitted with this application. Payment may be made by check to Iowa State University or by ISU Intramural Account(Worktag).

Payment by: ☐ Check ☐ Worktag # \_\_\_\_\_

**Signatures**

Program Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Departmental Executive Office \_\_\_\_\_ Date \_\_\_\_\_

College Continuing Education Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**Send completed application to:**

Registration Services  
2121 State Ave  
Ames, IA 50011

**IOWA STATE UNIVERSITY**  
Extension and Outreach

**FOR OFFICE USE ONLY**

☐ Approved for \_\_\_\_\_ CEUs Application Expires \_\_\_\_\_  
Application ID \_\_\_\_\_ Program ID \_\_\_\_\_

☐ Disapproved because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CEU Coordinator, ISU Registration Services

\_\_\_\_\_  
Date