



Participant Information for Granting Continuing Education Units (CEUs)

Note to activity instructor: Please have each participant complete Section 1 of this form. At the conclusion of the activity, complete Sections 2 & 3 and return all participant forms to Cindy Jimenez, Program Coordinator, Division of Continuing Education and Professional Studies, Arts & Science Hall 216, 400 South Orange Ave., Seton Hall University at cindy.jimenez@shu.edu Tel: (973) 761-9087 Fax: (973)761-9325

SECTION 1 TO BE COMPLETED BY THE PARTICIPANT

Name (first, last, middle) _____

Home Street Address _____

Home City/State/Zip _____

Home Phone _____

E-mail Address: _____

SECTION 2 SPONSOR INFORMATION

Continuing Education Activity Title _____

Dates and Times of the Continuing Education Program Completed _____

Program Sponsor and Address _____ Telephone and email _____

SECTION 3 APPROVALS

The signatures below indicate approval for awarding CEUs to the above program

Approval granted for _____ Continuing Education Units

Instructor

Date

Director of Program

Date

Dean, Division of Continuing
Education and Professional Studies

Date