



| Learn More

## Ed2go Online Class CEU Checklist

- \_\_\_\_\_ 1. CEU Registration Form (form 1)
- \_\_\_\_\_ 2. ONLINE Course Evaluation (form 2)
- \_\_\_\_\_ 3. Ed2go certificate of completion (example 2)
- \_\_\_\_\_ 4. \$10.00 check or money order written to Copiah-Lincoln Community College.

### Mail to:

Copiah-Lincoln Community College  
ATTN: Division of Community Programs  
P.O. Box 649  
Wesson, MS 39191

Questions regarding your CEU? Call Dr. Brenda Brown Orr at 601.643.8671.

Visit our Workforce Education Teacher Workshop Calendar at  
<http://careertraining.colin.edu/continuing-ed>





# COPIAH-LINCOLN COMMUNITY COLLEGE

Continuing Education Unit (CEU) Request Form



## APPLICANT INFORMATION

### PREFERRED

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County of Residence \_\_\_\_\_ Telephone No. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email Address (optional) \_\_\_\_\_

### ETHNIC/RACIAL GROUP

### SEX

☐ White/Caucasian  
☐ Black/African American  
☐ Hawaiian Native/Pacific Islander  
☐ Asian  
☐ American Indian/Alaskan Native  
☐ Hispanic/Latino

☐ Female  
☐ Male

☐  
☐

### LEVEL OF EDUCATION

### EMPLOYMENT STATUS

Please indicate which of the following best describes your level of education:

Please indicate if you are currently:

☐ Less than high school  
☐ High school degree/GED  
☐ Some college (no degree/Career Certification)  
☐ Associate degree (2 yr. degree)  
☐ Bachelor degree (4 yr. degree)  
☐ Masters/Ph.D.

☐ Employed  
☐ Retired  
☐ Unemployed

☐  
☐  
☐

### EMPLOYMENT TYPE

### TEMPORARY EMPLOYMENT

Please indicate if your current or most recent employment is/was:

Please indicate if your current or most recent employment is/was temporary:

☐ Full time  
☐ Part time  
☐ Seasonal

☐ Yes  
☐ No

☐  
☐

### EMPLOYER

Please provide name of your current or most recent employer: \_\_\_\_\_

### CLASS INFORMATION

Class Title: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

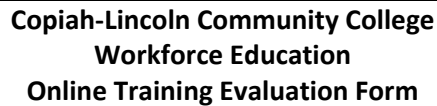
### DISCLAIMER AND SIGNATURE

The information provided on this form will remain confidential and will only be used to improve services provided by the Office of Continuing Education.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**CEU**  
**Training Provider**  
*(Office Use Only)*  
*Do not write in this space*

Instructor \_\_\_\_\_  
 Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Location \_\_\_\_\_  
 CEU Clock Hours \_\_\_\_\_ Number of CEUs \_\_\_\_\_ Payment: Amount \$ \_\_\_\_\_ Cash ☐ Check/PO ☐



| <b>Date:</b>   |       |   |  |
|--|-------|---|--|
| <b>Instructor:</b>   |       |   |  |
| <b>Class Title:</b>  |       |   |  |
| <b>Company Name</b>  |       |   |  |
| <p>The information you provide on this evaluation form will be helpful as we plan future training programs. Using the following scale, please indicate your opinion of the internet-based training by entering the appropriate number in the score column</p> <p><b>Scale:</b></p> <p>1 = Strongly Disagree<br/>           2 = Disagree<br/>           3 = Neutral<br/>           4 = Agree<br/>           5 = Strongly Agree<br/>           NA = Not applicable</p> |       |   |  |
|  |       |   |  |
|  | Score |   |  |
| 1  The course met the stated objectives.   |       | <div style="border: 1px solid black; height: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; background-color: #f0f0f0; padding: 5px;">10  Comments/Suggestions for Improvement:</div> <div style="flex-grow: 1;"></div> <div style="text-align: center; padding-top: 20px;">Thank you for your evaluation!</div> </div> |  |
|  |       |   |  |
| 2  The course content was well organized.  |       |   |  |
|  |       |   |  |
| 3  The course content was well written.  |       |   |  |
|  |       |   |  |
| 4  The frequency of learner interactions was adequate.   |       |   |  |
|  |       |   |  |
| 5  The feedback to my responses was effective.   |       |   |  |
|  |       |   |  |
| 6  The course effectively contributed to my understanding of the subject matter.   |       |   |  |
|  |       |   |  |
| 7  The course material was applicable to my job requirements.  |       |   |  |
|  |       |   |  |
| 8  Overall, I would rate the training I received as excellent.   |       |   |  |
|  |       |   |  |
| 9  I would encourage other individuals to participate in this or similar training.   |       |   |  |

