

Continuing Education Activity Data Sheet*If CEUs are requested, please complete form on reverse side.****Your application for CEU certificates must be submitted with all required signatures to CAPSO at least 1 month before the event.***

Contact Person: _____ Email: _____

Account Name: _____ Account Number: _____
(indicate system part code i.e. 02, 06, 07)

Mail Stop: _____ Phone: _____

Program Title: _____

Type of Request: New Program Renewal (program has been submitted before)Delivery Format: Face-to-face Online Combo Other _____Program Date(s): _____ to _____ NA, program is ongoing, self-paced
(start) (end)Program Length: _____ Continuing Education Units (CEUs): _____
(Contact hours include: reading, assignments, etc.) (10 contact hours = 1 CEU; 1 contact hour = 0.1 CEU; if no CEUs requested, indicate "None.")

Estimated Attendance: _____ Fee: _____

Program Location (if applicable): _____
(institution) (building)

_____ (city) _____ (state) _____ (zip)

Program Sponsor: _____ (college or division) _____ (department)

Co-Program Sponsor (if applicable): _____
(part of TAMU System or professional organization)

Funding if no fee charge: _____ (source) _____ (amount)

Approved:_____
(Activity Director, please print name and sign) (date)_____
(Department Head or Director, please print name and sign) (date)_____
(Dean of Activity Director, please print name and sign) (date)_____
(Continuing and Professional Studies Office Director, please print name and sign) (date)***Your application for CEU certificates must be submitted with all required signatures to CAPSO at least 1 month before the event.******This form is valid one year from the date submitted. New forms need to be completed each year for annual events.****CAPSO is the only office authorized to issue CEU certificates on behalf of Texas A&M University.**CE Forms are available at: http://capso.tamu.edu/Planning_CE/forms.html.*

Required Information for Continuing Education Units

- 1. Attach one copy of program outline and/or program announcement.
- 2. Faculty Member/Professional Staff responsible for quality of course content.

3. Instructional Personnel: TAMU Faculty Other _____
 (If needed, please list on separate sheet)

_____ (name)

_____ (title)

_____ (name)

_____ (title)

4. How was need for the course determined?

5. Educational Objectives of program:

6. Procedure for evaluating program by staff and/or participants:

7. Procedure for evaluating performance of participants:

Approval Recommended:

Program Approved for _____ CEUs

(Activity Director)

(date)

(Continuing and Professional Studies Office Director)

(date)

Return this form to the Continuing and Professional Studies Office (CAPSO) via:

Fax: (979)845-6407

Campus Mail: MS 4460

Email: capso@tamu.edu

Mail: 4460 TAMU, College Station, TX 77843-4460

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