UNITED TRIBES TECHNICAL COLLEGE

Office of Extended Learning
Continuing Education Units

CEU Event Approval Form

Applicant Information (This person will serve as the contact for attendees and submit the final CEU Participation Report Form)	
Applicant Name:	
Applicant Phone numbers(s):	
Applicant Email address:	
Applicant Mailing address:	

Event Information	
Event title:	
Brief description of the event : (attach extra page or literature/publications as needed)	
Event location(s):	
Event date(s):	
Number of contact hours:	

_____	_____	_____
Applicant Printed Name	Signature	Date
_____	_____	_____
UTTC Continuing Education Unit Coordinator	Signature	Date
_____	_____	_____
Director of Extended Learning	Signature	Date

Items below are for use by the Office of Continuing and Professional Education only

Event number: _____ Event CEU Code_____

If the event was not approved please provide a narrative explanation: