

## **REGISTRAR'S OFFICE:** Continuing Education Units

3315 University Drive Bismarck, North Dakota 58504 Phone: 701.221.1850

Fax: 701.530.0636 | registrar@uttc.edu

## **CEU Event Approval Form**

ease complete form and return to the	_	
Applicant Information (This person will ser	ve as the contact for attendees and submit t	he 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 needed)	sas	
Event location(s):		
Event date(s):		
Number of contact hours:		
pplicant Printed Name	Signature	 Date
sistant Registrar Printed Name	 Signature	 
-	-	
gistrar Printed Name	Signature	 Date
~~Items I	pelow are for use by the Registrar's (	Office only~~
Approved	rovide narrative explanation)	
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