

CEU Reporting Form

Name:		StudentID*:			
Address:		City:		Zip:	
Phone:	E-Mail:				
Student's Responsibility:					
 Register for CEU class. 	This one fee will	cover all the cla	sses you take during t	he same quarter. Please	
click [<u>here</u>] to visit our	CEU page for reg	istration and fee	е.		
 Complete this form (e Dates and instructor n administrator. 	, ,	•	·	n Number, Start/End by instructor and CEU	
3. Obtain the instructor's	s signature on this	form on the las	st day of class.		
4. Return the completed	_			600 College Way North,	
Seattle, WA 98103 or	by <u>email: conted</u> (@seattlecollege	s.edu (preferred)		
5. CEU Administrator wil	_	•		ed.	
6. Form must be turned			·	alaa faa OFH aa alifiaala	
7. Please allow 2-3 busin	ess days for proce	essing. we cannot	ot do same day proces	sing for CEO certificate.	
participate in class, those hou Course Title*	rs are deducted f Item* Number	rom your total o Start/End Dates*	Day of week and Course times*	Instructor name*	
			1		
I attest to the accuracy of the	information abov	e This student	attended and narticin	nated in the course above	
and should be awarded the h			•		
Instructor Signature:	uctor Signature:				
Hours earned based u	pon attendance a	nd participation	: (CE O	ffice) CEUs:	
Instructor Signature:			Date:		
Hours earned based upon attendance and participation:				(CE Office) CEUs:	
CEU Administrator Signature:					

^{*}This information can be found in confirmation registration email and/or receipt.