NORTH SEATTLE COLLEGE
One of the Seattle Colleges
CONTINUING EDUCATION
Live to Learn!

Continuing Education Units (CEU) Reporting Form

Name: _____ CtcLink ID/Student ID No. *(If known):* _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Student's Responsibility:

1. Register for the following inside your Campus CE account:
   a) CEU Fee
   b) CEU Class(es)
2. Fill in the **Quarter Information** *and* **Course Information Table** from below.
3. Have your instructor(s) sign this form on the last day of class(es).
   - *The hours earned and number of CEUs earned will be completed by your instructor(s) and a CEU administrator (See back side).*
4. Return the completed form *(Within 10 business days after course completion)* via **Email** or **Physical Mail/In-Person** to the following:
   - **Email =** conted@seattlecolleges.edu
   - **Physical Mail/In-Person =** North Seattle College, ATTN: Continuing Education, 9600 College Way North, Seattle, WA 98103
5. Please allow 10 business days for the processing of CEUs. After we successfully process your submitted Continuing Education Units (CEU) Reporting Form, we will then email you your official certificate.

Quarter Information:

Quarter *(Select one)*: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year *(YYYY)*: _____

Course Information:

Course Title ***(e.g. 3D Animal Woodcarving)***	**Item #:** ***(e.g. 12345)***

NOTE: CEUs are calculated based on hours of attendance/participation. If you miss a session or do not participate in class, those hours are deducted from your total credits earned.

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FOR INSTRUCTORS ONLY:

I attest to the accuracy of the information on the other side of this page. The student **attended and participated** in the course(s) listed and should be awarded the hours indicated below.

Instructor's Name: _____

Instructor's Signature: _____ Date: _____

Hours Awarded Based Upon Attendance/Participation: _____

Instructor's Name: _____

Instructor's Signature: _____ Date: _____

Hours Awarded Based Upon Attendance/Participation: _____

Instructor's Name: _____

Instructor's Signature: _____ Date: _____

Hours Awarded Based Upon Attendance/Participation: _____

FOR THE CONTINUING EDUCATION OFFICE ONLY:

Course Prefix & Course Number	Item #	Hours Awarded Based Upon Attendance/Participation	CEUs
TOTAL:			

CEU Administrator's Name: _____

CEU Administrator's Signature: _____ Date: _____