

---

West Virginia University, Extended Learning  
PO Box 6800, 950 West Everly Street  
Morgantown, WV 26506

Continuing Education Unit Program  
Course Registration Form

---

Instructor:

Enter below your current *course key* identification number

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Enter below the total number of participant information forms submitted (Actively enrolled)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

The following CEU value has been assigned for this educational activity

|  |   |  |
|--|---|--|
|  | . |  |
|--|---|--|

---

Course ID (Col., Dept., and Subj.)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Starting Date

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Ending Date

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Course Title

\_\_\_\_\_

---

Note – Enter TOTAL enrollment (head count) for this CEU activity (should include persons not submitting completed participant information forms).

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

CIP CODE (All will be same number)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

---

Instructor of Record or University Coordinator Signature

---

Mailing Address

---

Telephone Number

Date

---