



**Mississippi
College**
A CHRISTIAN UNIVERSITY

Office of Continuing Education

REQUEST FOR CONTINUING EDUCATION UNITS (CEU)

NAME OF PARTICIPANT: _____ DATE _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS

LICENSE NUMBER & LAST FOUR OF SOCIAL SECURITY NUMBER*

**Please note this form cannot be processed without this information*

DAYTIME TELEPHONE # _____ EMAIL _____

COURSE OR SEMINAR: **TEACHING WITH PRIMARY SOURCES MISSISSIPPI
FALL WORKSHOP**

PROVIDER: **TEACHING WITH PRIMARY SOURCES MISSISSIPPI**

INSTRUCTOR (S): **ANTHONY, MILLER, & BINFORD**

DATE PROGRAM COMPLETED: **OCTOBER 24, 2020 - MSU**

NUMBER OF CONTACT HOURS: **SIX (6)** NUMBERS OF CEUs: **.6**

Please note that in order for CEU credit to be awarded; all sessions must have been attended, as partial CEU credit cannot be given.

CEU certificates will not be issued after six months of the last date of training.

CEU s Office of Continuing Education Mississippi College Box 4031 Clinton MS 39058

www.mc.edu/offices/ce