NORTH CAROLINA STATE UNIVERSITY
REQUEST FOR APPROVAL TO AWARD CEU'S

APPENDIX B
CS/02

(1) API#____________________  (2) ACTIVITY TITLE______________________________

(3) PROGRAM  ___NEW   ___REPEAT (4) # OF DAYS OF ACTIVITY_______ (5) # OF INSTRUCTIONAL HRS___________

(6) # OF CEUS TO BE OFFERED_______ (7) NEEDS ASSESSMENT PROVIDED BY____________________________________

(8) FACULTY / EXTENSION CONTENT SPECIALIST________________________________________

(9) PROGRAM SPONSOR________________________________________   (10) OUC__________________________

(11) CO-SPONSOR_____________________________________________  (12) OUC__________________________

(13) WHO SHOULD ATTEND________________________________________

(14) # OF PARTICIPANTS EXPECTED_______________ (15) PERSON CERTIFYING PARTICIPANTS__________________________

(16) INSTRUCTOR NAME(S)____________________________________________ (17) PROGRAM DIRECTOR________________

(18) SUBMIT DATE___________ (19) EVALUATION / ASSESSMENT PROCEDURES____________________________________

(20) CIP CONTENT CODE (PICK LIST)_____________________  (21) INDUSTRY SERVED CODE (PICK LIST)____________________

(22) IMPACT CODE (PICK LIST)__________________________  (23) COLLEGE/DIVISION________________

(24) LEARNING OUTCOME______________________________________________________________________________

(25) ACTIVITY DESCRIPTION______________________________________________________________________________

(26) ACTIVITY SITE: CITY____________ COUNTY, IF NC____________ STATE____________ COUNTRY____________

(27) REGISTRANTS LOCALE: LOCAL__________ STATEWIDE__________ NATIONAL__________ INTERNATIONAL________

(28) START DATE OF ACTIVITY______________________________ (29) END DATE OF ACTIVITY____________________

THIS COURSE MUST BE APPROVED BY THE ASSISTANT VICE CHANCELLOR
AT LEAST 20 BUSINESS DAYS PRIOR TO THE PROGRAM DATE

SUBMITTED BY_________________________________________ DATE________________

PROGRAM DIRECTOR/COORDINATOR

APPROVED_________________________________________ DATE________________

AUTHORIZED VIA MEMO OF UNDERSTANDING
(CPE / IES ONLY)

APPROVED_________________________________________ DATE________________

ASSISTANT VICE CHANCELLOR, McKimmon Center for Extension & Continuing Education