

Office of Continuing Education

## REQUEST FOR CONTINUING EDUCATION UNITS (CEU)

NAME OF PARTICIPANT:		DATE	
ADDRESS:			
CITY:		STATE	ZIP
☐ CHECK IF NEW ADDI	RESS		
TEACHER LICENSE NUMBI	ER & LAST FOUR OF S	SOCIAL SECURI	TY NUMBER*
*Please note this	form cannot be process	sed without this	information
DAYTIME TELEPHONE #		EMAIL _	
COURSE OR SEMINAR:	MISSION CRITICA	AL – AMTESO	L 2023
PROVIDER:	AMTESOL - AL MS TEACHERS OF SPEAKERS OF OTHER LANGUAGES		
INSTRUCTOR (S):	GEBHARD, HARR	IOSN, & HOL	LAWAY
DATE PROGRAM COMPL	ETED: JANUARY 2	7-28, 2023 – HU	INTSVILLE, AL
NUMBER OF CONTACT I	HOURS: TEN (10)	NUMB	ER OF CEUs: 1.0
Please leave this completed payable to Mississippi College of the College Office of Continuing CEU credit to be awarded; cannot be given. *Pay online payment confirmation number CEU certificates will received.	ege. Your official recishes proof of attendar g Education processes all sessions must have at www.mc.edu/ceu and tot be issued after six m	cord of participal nee for all session this form. Please been attended, include receipt nurments of the last	tion will be mailed to ons and the Mississippi is note that in order for as partial CEU credit onber on this form. Online date of training.
CEO'S Office of Communication	5 Buucunon mussissippi	Conege Dux 403	1 Cumun 1915 57050