

Participant Information Form
Continuing Education Programs

WVU Extended Learning
950 W. Everly Street
P.O. Box 6800
Morgantown, WV 26506-6800
(304) 293-7570

INSTRUCTIONS:

- (1) Please print legibly.
- (2) Submit completed form to instructor. **BE SURE COURSE KEY IS COMPLETED.**

Sponsor: _____

Program Title: _____ Date: _____

(Area Code) Home/Cell Phone Number **(Student Identification Number)**

(____) - _____ - _____

Last Name

First Name

Middle Initial

Home Street Address

City

State

Zip Code

Job Title _____

1.0 CEU equals 10 contact hours
(10 CONTACT HOURS = 1.0 CE UNIT)

_____ Course Key Number

The above information, along with the course information from the educational activity in which you are now enrolled, will become part of your CEU permanent record at WVU. For more information or a copy of your CEU transcript, write: WVU Extended Learning, P.O. Box 6800, Morgantown, WV, 26506.