

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:

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).

Instructor of Record or University Coordinator Name: _____

Mailing Address: _____

Telephone Number: _____ Date: _____

WVU Continuing & Professional Education
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