



GRAMBLING STATE UNIVERSITY
CONTINUING EDUCATION AND LIFELONG LEARNING (CELL)

NON-CREDIT COURSE/WORKSHOP APPROVAL FORM

Program
Title:

Approximate Cost Per Participant:

Target Audience:

Class
Limit:

Date(s) To Be Offered:

Location:

PROGRAM FORMAT

- | | |
|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Class | <input type="checkbox"/> Seminar |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Short Course |
| <input type="checkbox"/> Educational Series | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Informational | <input type="checkbox"/> Other |

Needs Assessment: How were the needs determined for this event/program?

List (or attach list of) planned outcomes.

List (or attach a list of) those involved in planning and instruction (attach brief bio, resume, or vita for those involved in instruction).

Explain types of learning support and materials that will be provided.

How will participants demonstrate attainment of learning outcomes?

How will program be evaluated by participants? (attach copy of evaluation instrument)

What are the requirements for satisfactory completion and/or progress?

Total number of contact hours:

Attach course/seminar/outline or synopsis.

Program Administrator:

Telephone/Extension:

Email:

City:

State:

Zip Code:

DO NOT WRITE IN THE BOX BELOW

- | | |
|-----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Approved for _____ CEUs | <input type="checkbox"/> Not Approved for CEU Credit |
| <input type="checkbox"/> Approved as a CELL Program | <input type="checkbox"/> Not Approved as a CELL Program |
| <input type="checkbox"/> Approved for _____ CLUs | <input type="checkbox"/> Not Approved for CLU Credit |

Reviewed by:

Date:

[Note: For CEU credit, please submit to Academic Affairs (LJH-Suite 133A) or the CELL Unit Office (FCH Assembly Center-Room 173F)]