



International College of Bible Theology

Division of Continuing Education

CEU (Continuing Education Unit) Approval Request Form

Title of Program or Course Name _____

Sponsoring Department or Organization _____ Date Submitted _____

Activity Coordinator _____ eMail _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ Fax _____

Program or Course Objectives _____

Brief Description of Program or Course (attach any pertinent information) _____

Activity Location _____

Dates of Activity _____ Target Audience _____

Number of Participants Expected Maximum _____ Minimum _____ Number of Instructional Hours _____ Number of CEUs Awarded Per Participant _____

Fees Paid By Sponsoring Rock Church Department Individual Participant Other _____

Has the program been planned in response to the educational needs for the identified target audience? Yes No

Is this program open enrollment? Yes No

List Instructor(s) (please attach vita) (e) _____

Evaluation Document Attached? Yes No

Form Reviewed By _____ Date _____
Office Use Only



Approved _____ Date _____

Manager, Non-Credit Programs