



Continuing Education Personal Enhancement Activity Proposal Form

This form and all attachments should be submitted to the Director of Office of Continuing at least 30 days before offering the course(s).

REQUESTOR INFORMATION

Name:		Date:
Title:	Organization:	
Phone Number:	Email address:	

WORKSHOP/ACTIVITY INFORMATION

Title of Workshop:							
Workshop Description:							
Target Audience:					Projected number of participants:		
Location:							
Timeframes for Activity:							
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Evening							

SIGNATURES

Requestor:	Date:
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***Submit completed form to Director of Continuing Education to address below*

DIRECTOR OF CONTINUING EDUCATION ONLY

Date submitted:
Date Reviewed by Director of Continuing Education:
Date Reviewed by Continuing Education Advisory Committee:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Resubmit

Director of Continuing Education
OFFICE of the REGISTRAR