



Sitting Bull College

Continuing Education Units (CEU) Request Form



In addition to submitting, please save a copy for your records.

Sitting Bull College is committed to Continuing Education through offering CEUs for qualifying courses. This form is to request these CEUs prior to the course- CEUs will not be given without prior approval or retroactively. Requirements for approval include completion of request form, bio/CV of instructor showing qualification, and agenda. Upon approval and successful completion of course, registration forms should be submitted signed by each participant and the instructor.

Institution/Agency Requesting Course: _____

Contact Name: _____ **Phone Number:** _____ **Email:** _____

Name of Course: _____

Instructor Name: _____ **Phone Number or Email:** _____

Instructor Bio/CV: **Attached** **Available at Website:** _____

Course Date/Time(s): _____ **Course Location:** _____

Course Agenda: **Attached** **Available at Website:** _____

Please submit completed request form to VP of Operations Dr. Koreen Ressler at koreen.ressler@sittingbull.edu

FOR OFFICE USE ONLY

Course Title: _____

Course #: _____ **Course Location:** _____

Date of Award: _____ **Amount Due: \$** _____ **Amount Received: \$** _____ **Date Received:** _____

Instructor Signature: _____ **No. of CEU's:** _____