



**Mississippi
College**
A CHRISTIAN UNIVERSITY

Office of Continuing Education

REQUEST FOR CONTINUING EDUCATION UNITS (CEU)

NAME OF PARTICIPANT: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

☐ **CHECK IF NEW ADDRESS**

TEACHER LICENSE NUMBER & LAST FOUR OF SOCIAL SECURITY NUMBER*

**Please note this form cannot be processed without this information*

DAYTIME TELEPHONE # _____ EMAIL _____

COURSE OR SEMINAR: **YELLOW BRICK ROAD – A CLEAR PATH BEYOND
YOUTH VIOLENCE 2025**

PROVIDER: **CONTINUING EDUCATION SERVICES**

INSTRUCTOR (S): **FOMBY, GRIFFIN, JEFFERY, et al.**

DATE PROGRAM COMPLETED: **APRIL 2-4, 2025**

NUMBER OF CONTACT HOURS: **ELEVEN (11)** NUMBER OF CEUs: **1.1**

Please mail this completed form along with a ***\$15.00** check or money order made payable to
Mississippi College to: *Office of Continuing Education - Mississippi College*
Box 4031 Clinton MS 39058*

**If you choose to pay online at www.mc.edu/ceu, write the 5-digit receipt number on the line
below. Online payment confirmation number _____.*

IF YOU PAY ONLINE, THIS COMPLETED FORM MUST STILL BE MAILED TO US.

Your official record of participation will be mailed to you after your provider furnishes proof of attendance for all sessions and the Mississippi College Office of Continuing Education processes this form. Please note that in order for CEU credit to be awarded; **all sessions must have been attended,** as partial CEU credit cannot be given.

CEU certificates will not be issued after six months of the last date of training.

www.mc.edu/offices/ce