



CONTINUING EDUCATION UNITS (CEU) REQUEST FORM

To be completed by STUDENT:

Student Name _____

Address _____ City: _____ State: _____ Zip: _____

Phone _____ e-mail _____

Term of Au Pair Completion Date _____

Name of Au Pair Agency _____

Agency contact name _____

Agency contact phone _____ **Agency e-mail** _____

- Complete below with the **Class Title, Item Number, Start & End Dates, and Location.**
- On the last day of class, have your instructor complete and sign below.
- Deliver your completed CEU Request Form to the Continuing Education office OLY 130 or scan & email to alison.l.mcguire@seattlecolleges.edu

Please note: Hours of Study will be based on actual Total Hours Attended as certified by Instructor.

10 attended hours = 1 CEU

Class Title	Start Date	End Date	Location

Student's Signature: _____ Date: _____

To be completed by INSTRUCTOR:

I attest to the accuracy of the information above and the **Total Hours Attended.**

Total Hours Attended

Instructor's Signature: _____ Date: _____

Instructor Name [printed]: _____

CEU Administrator's Signature: _____ Date: _____