

# TRANSCRIPT OF COMPLETION REQUEST FORM FOR C&PE COURSES

If you would like to receive a Transcript of Completion as written proof of participation in this program/class, please complete the information below and return to the instructor/sponsor.

**Please Note:** A completed Participant Information Form is required with request for a Transcript of Completion.

## Participant Information

Please Select:    CEU                    PDH                    ILU

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing address for Transcript of Completion (if different from above):  
\_\_\_\_\_

Course Title	Date of Event	Course Key (Required)

If you have questions please contact [WVUEnrich@mail.wvu.edu](mailto:WVUEnrich@mail.wvu.edu)

**Please Note:** This transcript request form is ONLY for WVU Continuing Professional Education events and workshops.