

COURSE REGISTRATION FORM

Instructor:

Enter below your current course key identification number:

Enter below the total number of Participant Information and Transcript of Completion forms submitted (actively enrolled):

The following CEU/PDH/ILU value has been assigned for this educational activity:

Starting Date: _____

Ending Date: _____

Course Title: _____

Note – Enter total enrollment (head count) for this CEU/PDH/ILU activity (should include persons not submitting completed Participant Information and Transcript of Completion forms).

Instructor of Record or University Coordinator Name: _____

Mailing Address: _____

Telephone Number: _____ Date: _____

WVU Continuing Professional Education
PO Box 6800
Morgantown, WV 26506