



| Learn More

## Ed2go Online Class CEU Checklist

- \_\_\_\_\_ 1. CEU Registration Form (form 1)
  
- \_\_\_\_\_ 2. ONLINE Course Evaluation (form 2)
  
- \_\_\_\_\_ 3. Ed2go certificate of completion (example 2)
  
- \_\_\_\_\_ 4. \$10.00 check or money order written to Copiah-Lincoln Community College.

### Mail to:

Copiah-Lincoln Community College  
ATTN: Division of Community Programs  
P.O. Box 649  
Wesson, MS 39191

Questions regarding your CEU? Call Dr. Brenda Brown Orr at 601.643.8671.

Visit our Workforce Education Teacher Workshop Calendar at  
<http://careertraining.colin.edu/continuing-ed>





# COPIAH-LINCOLN COMMUNITY COLLEGE

## Continuing Education Unit (CEU) Request Form



### APPLICANT INFORMATION

#### PREFERRED

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County of Residence \_\_\_\_\_ Telephone No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

### ETHNIC/RACIAL GROUP

### SEX

- White/Caucasian
- Black/African American
- Hawaiian Native/Pacific Islander
- Asian
- American Indian/Alaskan Native
- Hispanic/Latino

- Female
- Male

### LEVEL OF EDUCATION

### EMPLOYMENT STATUS

Please indicate which of the following best describes your level of education:

Please indicate if you are currently:

- Less than high school
- High school degree/GED
- Some college (no degree/Career Certification)
- Associate degree (2 yr. degree)
- Bachelor degree (4 yr. degree)
- Masters/Ph.D.

- Employed
- Retired
- Unemployed

### EMPLOYMENT TYPE

### TEMPORARY EMPLOYMENT

Please indicate if your current or most recent employment is/was:

Please indicate if your current or most recent employment is/was temporary:

- Full time
- Part time
- Seasonal

- Yes
- No

### EMPLOYER

Please provide name of your current or most recent employer: \_\_\_\_\_

### CLASS INFORMATION

Class Title: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

The information provided on this form will remain confidential and will only be used to improve services provided by the Office of Continuing Education.

Date \_\_\_\_\_ Signature \_\_\_\_\_

|  |   |
|--|---|
| <p style="text-align: center;"><b>CEU</b><br/> <b>Training Provider</b><br/> <i>(Office Use Only)</i><br/> <i>Do not write in this space</i></p> | <p>Instructor _____</p> <p>Beginning Date _____ Ending Date _____ Location _____</p> <p>CEU Clock Hours _____ Number of CEUs _____ Payment: Amount \$ _____ Cash <input type="checkbox"/> Check/PO <input type="checkbox"/></p> |
|--|---|



**Copiah-Lincoln Community College  
Workforce Education  
Online Training Evaluation Form**

|                     |  |
|---------------------|--|
| <b>Date:</b>        |  |
| <b>Instructor:</b>  |  |
| <b>Class Title:</b> |  |
| <b>Company Name</b> |  |

The information you provide on this evaluation form will be helpful as we plan future training programs. Using the following scale, please indicate your opinion of the internet-based training by entering the appropriate number in the score column

**Scale:**

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree
- NA = Not applicable

|  | Score |
|--|-------|
| 1  The course met the stated objectives.   |       |
|  |       |
| 2  The course content was well organized.  |       |
|  |       |
| 3  The course content was well written.  |       |
|  |       |
| 4  The frequency of learner interactions was adequate.                             |       |
|  |       |
| 5  The feedback to my responses was effective.                                     |       |
|  |       |
| 6  The course effectively contributed to my understanding of the subject matter.   |       |
|  |       |
| 7  The course material was applicable to my job requirements.                      |       |
|  |       |
| 8  Overall, I would rate the training I received as excellent.                     |       |
|  |       |
| 9  I would encourage other individuals to participate in this or similar training. |       |

|   |
|---|
| 10  Comments/Suggestions for Improvement: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| Thank you for your evaluation!            |

