

Campus/Location _____

**PURDUE UNIVERSITY
CONTINUING EDUCATION AND CONFERENCES**

**PARTICIPANT INFORMATION FORM FOR GRANTING
CONTINUING EDUCATION UNITS (CEUs)**

Section I: (This Section to be completed by Participant.)

1. **Full Name** _____
(Last) (First) (Middle Initial)

PUID# _____
(Only for Purdue University employees and/or students)

2. **Previous Name:** _____

Since we no longer request your Social Security Number, your information may be listed under your previous name if you have earned Continuing Education Units (CEUs) in the past.

3. **Home Address** _____

(City) (State) (Zip)

4. **Date of Birth:** _____

5. **Email Address:** _____
(PLEASE PRINT CLEARLY)

Section II: (This Section to be complete by Activity Coordinator)

Activity Title: _____

Activity Dates: _____

Schedule No.: _____ Term: _____

RIO#/Fund _____ Approval Granted for _____ CEUs

Section III: (This Section to be completed by Activity Instructor)

Satisfactory Completion of Activity by above participant (circle): Yes No
If no, why?

INSTRUCTOR'S SIGNATURE _____ DATE _____

NOTE: Activity Director—Please have each participant complete Section I of this form; at the conclusion of the activity, complete Section III, sign, date, and return all forms to the activity coordinator, Continuing Education and Conferences, for processing.