

## Program Application Form for Awarding Continuing Education Units

Title of Program or Course \_\_\_\_\_

Institute       Workshop       Seminar       Special Training Course  
 Short Course     Other             Distance Learning

Program Faculty or Director \_\_\_\_\_

Location  
Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Program Participants \_\_\_\_\_

Anticipated Attendance \_\_\_\_\_

Educational Objectives \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Length of Program: Number of Days \_\_\_\_\_ Number of Weeks \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending date \_\_\_\_\_

Sponsor(s) Outside of the University \_\_\_\_\_

\_\_\_\_\_  
Contact Person \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (      ) \_\_\_\_\_

Approved \_\_\_\_\_ for \_\_\_\_\_ CEUs  
Margaret Shaw-Burnett, Associate Vice President

---

This form should be printed and submitted in one of the following ways:

By Mail: Send completed form to Buffalo State College Continuing Professional Studies  
1300 Elmwood Avenue, Cleveland Hall 210, Buffalo, New York 14222-1095

By Fax: Fax the completed form to (716) 878-5930

Phone: 716-878-5907

For further questions, contact Margaret Shaw-Burnett, Coordinator

---