



Division of Continuing Education Use Only:
 Sequence # _____ Date Requesting Approval _____ Colleges: _____

Planning/Approval Form for Credit-Free Activity For WSU Use Only

Division of Continuing Education

(To be submitted prior to offering of activity)

Term _____ 20_____

Contact Person _____

Phone No. _____

Box No. _____

E-mail _____

1. Activity Title: _____ Activity Code: _____

Format: Workshop _____ Course _____ Conference _____ Institute _____ In-House Training Program _____

Sponsoring Unit: College/Adm. Unit _____ Dept./Center _____

2. Brief Description (or attach draft of brochure) _____

Target Audience _____

3. Activity Director _____ Phone No. _____

Activity Instructor _____
Name Title

Instructor's Institution/Organization _____

4. Activity Date(s): Begin _____ Time _____ End _____ Time _____
Mo./Day/Year Mo./Day/Year

5. Activity Location: City _____ State _____ Phone # _____

Bldg. _____ Room # _____ Address _____

6. # of Instructional Contact Hours _____ Request Award of CEU Yes _____ No _____ #CEU's Requested _____

7. Est. Total Enrollment _____ Registration Fee _____

8. Grant: _____ Contract: _____ Fee Waiver: Yes _____ No _____

Special Conditions/Other Notations _____

 Activity Director Date

 Dean of Sponsoring College Date

 Director of Division of Continuing Education Date

Approved Disapproved

Return this form to: Division of Continuing Education, Campus Box 136