### SPONSORING DEPARTMENT / AGENCY

Name of Department / Agency______________________________________________________________

Contact Person_________________________________________ Phone Number_____________________

Address_________________________________ City_________________ State______ Zip_____________

Email Address____________________________________________________________

### COURSE INFORMATION

Program Title________________________________________________

Program Instructor(s)__________________________________________

Date Program Begins_______________ Date Program Ends_______________ Time(s)______________________

Program Location_____________________________________________

Total Contact Hours__________ Number of CEUs requested (1 CEU = 10 contact hours)______________

Anticipated Number of Participants______________

### ADDITIONAL INFORMATION

Has this course been previously approved by Conferences & Institutes?

- [ ] YES
- [ ] NO (If no, please provide the following on a separate sheet)

(Please provide a brief description of the course, which can include the reason and objectives)

A. A written explanation of the following:
   a. Goals & Objectives
   b. Assessment & Evaluation Methods
   c. Instructor Qualifications

### FOR OFFICE USE ONLY

Approval Granted for _____ Units     Approved By______________________________

Please complete and return with the $40.00 application fee. Payment must be submitted with application. UMaine departments may submit an IDO.

- [ ] Check enclosed (please make checks payable to: The University of Maine) Check # ___________

Credit Card Number__________________________________________Expiration_______CVV_______

Mail to: Conferences and Institutes, University of Maine, 5713 Chadbourne Hall, Orono, ME 04469-5713
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