

Program # _____
(For Staff Use Only)

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

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 _____ Billing Zip _____

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

Tel 207.581.4093 Fax: 207.581.4097 Website: www.umaine.edu/conference

Email: conference.services@maine.edu

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Approval Granted for _____ Units Approved By _____