

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 the University of Maine?

☐ YES

☐ NO

Please provide a brief description of
the course along with its objectives

If no, please provide the following info separately:

Detailed documentation of:

- Goals and objectives
- Assessment and evaluation methods
- Instructor qualifications

Please complete and return with the \$50.00 application fee. Payment must be submitted with the application. UMaine Departments may submit an IDO.

Check Enclosed (please make payable to the University of Maine) Check # _____

Online Payment

Mail to: Division of Lifelong Learning, University of Maine, 5713 Chadbourne Hall, Orono ME 04469

Phone: 207.581.4890 **Fax:** 207.581.3141 **Email:** um.continuinged@maine.edu **Website:** dll.umaine.edu/continuing-education-units/

FOR OFFICE USE ONLY

Approval Granted for _____ Units Approved By _____ Date _____