

## **School of Continuing Education Application for SWK CEUs**

**Approved by the Connecticut Certification Board, Inc.**

Date of Application: \_\_\_\_\_ Eastern ID Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Student Telephone Number: \_\_\_\_\_

Student Address: \_\_\_\_\_

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

Social Work Course Requesting CEUs from: \_\_\_\_\_  
Course No. / Section No.

Term Student Attended this Course: \_\_\_\_\_

Instructors Name: \_\_\_\_\_

**Please mail this completed form with a check made payable to ECSU in  
the amount of \$15.00 to:**

Eastern Connecticut State University  
School of Continuing Education  
CEU Coordinator  
Shafer Hall, Room 100  
83 Windham Street  
Willimantic, CT 06226

Please allow 4-6 weeks for processing.

**For Office Use Only:**

Processing Date: \_\_\_\_\_ Signature: \_\_\_\_\_