

EASTERN MAINE COMMUNITY COLLEGE
354 Hogan Road
Bangor ME 04401

CONTINUING EDUCATION UNIT
COURSE COMPLETION FORM

(To be completed by participant seeking Continuing Education Units)

SECTION I (To be completed by participant)

Name: _____
Last First Middle

Home Address: _____
City State Zip

Telephone Number: _____ Date of Birth: _____

Employer: _____

Program or Course: _____ Location of Class: _____

SECTION II (To be completed by Instructor)

Evaluation of participant completion: Satisfactory () Unsatisfactory ()

If unsatisfactory – Why? _____

Instructor's Signature: _____

Instructor Name: (Please print) _____ Date: _____

NOTE: Each participant must complete Section I of this form. At the conclusion of the activity, the instructor (or designee) completes Section II. Return all forms to Academic Affairs, Eastern Maine Community College, 354 Hogan Road, Bangor ME 04401 with payment of \$10.00 per person per course. An award of completion will be returned to you.

FOR OFFICE USE ONLY

SECTION III (To be completed by Eastern Maine Community College)

Program Title: _____

Program Dates: _____

Project Number: _____ Approval Granted for _____ Continuing Education Units