



Continuing Education Application

Inspiring today's professionals, tomorrow's leaders

I. Contact Information

Legal name _____
Last First Middle

What former name(s) might appear on your records? _____

Preferred name (optional) _____ Term you wish to apply for entrance Fall Spring Summer Year: _____

E-mail address _____ Home Work

Date of birth ____/____/____ Gender Male Female
Month Day Year

Permanent address _____
Street Address P.O. Box

City State Zip Country (if not USA)

Home phone (____) _____ Other phone (____) _____ Work Cell

If you are currently not residing at your permanent address, please provide the address and phone number where you may be reached regarding your application (along with start and end dates).

II. Educational History

Undergraduate (school from which you received your degree)

College/University name _____ Years attended _____

City State Year graduated _____

III. Work Information

Present employer _____ Work Phone (____) _____

Address _____

IV. Agreements

Cedarville University serves the wider community by certifying continuing education (CE) contact hours for the professional recertification and continuing education requirements of participants. **This is a non-degree track and work completed in this program cannot be applied as credit toward a degree.** Students who wish to take continuing education must agree to respect Cedarville University's Standards of Conduct and the Community Covenant and while on campus agree to not to use alcoholic beverages, tobacco, or nonmedicinal drugs. You may access these core values and guidelines at www.cedarville.edu/gradstudentlife.

Do you agree to respect the Community Covenant and Standards of Conduct while in class or on the campus of Cedarville University? Yes No

I indicate by my signature that the information I have provided in this application is complete and accurate and that I grant permission for Cedarville University to verify this information independently. I understand that incomplete and/or inaccurate information will invalidate my application

Signature _____ Date _____