



# Office of Extended Learning

## Continuing Education Units

### UTTC CEU EVALUATION FORM

Please complete form and return to the identified personnel of the training.

Event Title: \_\_\_\_\_

Event Location: \_\_\_\_\_ Date(s) of the Event: \_\_\_\_\_

I am a ... (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> UTTC Partnering Organization | <input type="checkbox"/> Current UTTC student     | <input type="checkbox"/> Previous UTTC student |
| <input type="checkbox"/> UTTC – Employee: Staff       | <input type="checkbox"/> UTTC – Employee: Faculty | <input type="checkbox"/> Training Participant  |

How did you learn about the CEU training? Check all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> UTTC Website             | <input type="checkbox"/> UTTC Email             | <input type="checkbox"/> Employer Email    |
| <input type="checkbox"/> Poster/Flyer             | <input type="checkbox"/> Mailing                | <input type="checkbox"/> UTTC Newsletter   |
| <input type="checkbox"/> Newspaper/Publication    | <input type="checkbox"/> Word of Mouth          | <input type="checkbox"/> Social Media Site |
| <input type="checkbox"/> Extended Learning Office | <input type="checkbox"/> Other: Please specify: |  |

*The following sections are to be filled out by each participant to evaluate event and presenter(s) on their performance.*

#### Section 1 – Rate Each Topic Separately

	Poor				Excellent
Rate the quality of the presentation and overall usefulness	1	2	3	4	5
Were the facilities appropriate for the event	1	2	3	4	5
Were the event presenters knowledgeable and well prepared	1	2	3	4	5
Was the technology used effectively	1	2	3	4	5
The overall quality of the event was	1	2	3	4	5
The information obtained from the workshop was	1	2	3	4	5

Please rate how you would use the information obtained in the workshop in your daily operations one of the following: check one box only

- Will not use       1-25%       25-50%       50-75%       75-100%

Comments: \_\_\_\_\_

If you are interested in receiving UTTC CEU's for future trainings, please contact Julie Desjarlais, Office of Extended Learning Dual Credit and Continuing Education Unit Coordinator at 701-221-1374 or email: [jdesjarlais@uttc.edu](mailto:jdesjarlais@uttc.edu)



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## Continuing Education Units

### Participant Attendance Sign-In Sheet

Name of Event \_\_\_\_\_ Today's Date: \_\_\_\_\_

Time of event (start and end time) \_\_\_\_\_

	Registered Participant	Signature
	Print or Type Participant's First and Last Name	Your signature verifies that you participated in the event on the listed date and times.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		



# Office of Extended Learning Continuing Education Units

## CEU ADMISSION/REGISTRATION FORM

Please make sure that you neatly print your information below to ensure the correct spelling of your name for documents and data purposes. Thank you ~

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First MI Former/Maiden (if applicable)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_  M  F  
Month Day Year

Marital Status:  Single  Married  Single Parent

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### **SECTION A CONTACT INFORMATION**

Mailing Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Email Address \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Enrollment # \_\_\_\_\_

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### **SECTION B COURSE/TRAINING INFORMATION**

CEU Course/Training Title: (check mark all that apply)

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### **SECTION C SIGNATURE**

I have read the above application and answered all questions to the best of my knowledge. Any false information given will be cause for my disqualification for CEUs from UTTC. I agree to abide by the rules and regulations of United Tribes Technical College. I authorize the Office of Extended Learning to solicit information necessary for consideration of qualification for CEUs.

Signature: \_\_\_\_\_

*United Tribes Technical College does not discriminate on the basis of race, color, national origin, sex, religious preference, age, handicap, marital status, political preference, or membership in an employee organization except as allowed by the Indian preference provision of the Civil Rights Act of 1964, as amended.*



# Office of Extended Learning Continuing Education Units

## CEU Process Flow

Event/Activity \_\_\_\_\_

Name of Facilitator \_\_\_\_\_

Date Received: \_\_\_\_\_

CEU Classification # \_\_\_\_\_

Office of Extended Learning Personnel \_\_\_\_\_ Classification Date \_\_\_\_\_

Date documents were scanned to Registrar's Office \_\_\_\_\_

Registrar's Office Recipient(s) \_\_\_\_\_

Date Registrar Office Personnel entered the CEU participants' information in the system. \_\_\_\_\_