



CONTINUING EDUCATION/CREDIT OVERLAY COURSE REQUEST

This form is used to request a continuing education (CEU) or credit overlay course. Your Dean, the Registrar, and Student Financial Services are responsible for serving students and keeping records and must give approval for a course before it can be offered and promoted.

- Complete this form, attach a course syllabus and submit it to your Dean to receive appropriate approvals.
After receiving approvals, obtain registration forms from the Registrar's Office.
Each student must complete a registration form the first day of class and return it to the Registrar's Office.
Submit final grades through MyGFU.
Students may request an official transcript from the Registrar's Office upon completion of course.

Course Information

Course Title
Course Discipline/Number/Section Cross listing?
Course Description
Reason for offering the course

Course Details

Course Credits Seat Time Location
Semester Offered Start Date End Date
Time(s) Day(s)
Registration Opens Closes
Academic Department Faculty Sponsor
Teaching Faculty Name Home Phone
Address Work Phone
City, State, Zip Email, Fax
Individual or office coordinating registration
Semester Offered Start Date End Date
Direct questions to Projected enrollment Proposed fees
Student Qualifications

**Attach copies of promotional materials.**

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**Course Tuition**

Approved tuition rates are published in the catalog. Any exception to published tuition/billing rates must be approved by the President's Cabinet.

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**Student Financial Services**

Tuition Rate: \$ Per Credit \_\_\_\_\_ \$ Per Course \_\_\_\_\_

Additional Costs or Course Fees \_\_\_\_\_

Will SFS be billing this course? \_\_\_\_\_

Will the employee benefit plan be part of the billing process? \_\_\_\_\_

Refund Policy Dates \_\_\_\_\_

Comments \_\_\_\_\_

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Is financial aid a resource for this program? \_\_\_\_\_

Comments regarding financial aid eligibility \_\_\_\_\_

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**Approval**

Dean \_\_\_\_\_ Date \_\_\_\_\_

Provost \_\_\_\_\_ Date \_\_\_\_\_

Director of Student Accounts \_\_\_\_\_ Date \_\_\_\_\_

Chief Operating Officer \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_

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**Registrar's Office**

Course Number \_\_\_\_\_ Type \_\_\_\_\_

Last Day to Register \_\_\_\_\_ Add/Drop \_\_\_\_\_ Withdraw \_\_\_\_\_

Dates & Initials

Schedule detail \_\_\_\_\_ Student Entry \_\_\_\_\_ Registration \_\_\_\_\_

Comments \_\_\_\_\_

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