



Kentucky Municipal Clerks Association
University of Kentucky
Continuing Education Unit (CEU) Completion Form

Directions: Please complete and return this form to your instructor if you wish to receive continuing education units (CEUs). Please print information clearly on this form.

Name: _____

Address: _____

Birthdate: _____ Sex: Female _____ Male _____

Please check one of the following ethnic codes:

White _____ Mexican American _____

Black _____ American Indian _____

Hispanic _____ Asian or Pacific Islander _____

Puerto Rican _____ Other _____

Home County: _____

Course Title: _____

Course Beginning Date: _____ Course Ending Date: _____

Location of Course: _____

Student's Signature: _____ Date: _____