ITAWAMBA COMMUNITY COLLEGE
CONTINUING EDUCATION
2176 SOUTH EASON
TUPELO, MS 38804

Participant Application for CEU's Certificate of Completion

Print Clearly or type: **Course Title:** _____

Course Number: _____

Beginning Date: _____

Ending Date: _____

NAME: _____
First M.I. Last

COMPLETE MAILING ADDRESS: _____

_____

COUNTY OF RESIDENCE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

Check the following:

( ) I wish to receive credit for a fee of $15.00. I am attaching a check for this amount made payable to Itawamba Community College.

DATE: _____ SIGNATURE: _____

Revised May 2003