

CDPE CEU Recording and Transcript Guidelines

The student is to complete the CEU Enrollment and Completion Form before the class begins. The enrollment fee of \$10.00 is due when the individual completes the enrollment form and is not refundable. Checks should be made out to Washington State University.

Center for Distance and Professional Education does not provide Certificates of Completion for CEUs. The student may be given a Xerox copy, made by the activity director, of the CEU Enrollment and Completion form prior to delivery to CDPE. Official WSU transcripts of CEUs earned can only be obtained by following the procedure outlined below.

Center for Distance and Professional Education maintains an individual's official CEU records and does not send out any notice or certificate to CEU enrollees upon successful completion of the program. Students may obtain their individual CEU cumulative transcript record only by sending this request form by mail or fax (509-335-7781) and an additional fee for each copy to WSU Center for Distance and Professional Education. An official WSU transcript will be prepared and sent.

CEU Transcript Fee (payable by check or Visa/MasterCard only)

Effective August 01, 2008 the CEU transcript fees (as set by the University) will be as follows:

- Mailed out **First Class US Mail** or ready for pickup after 3 pm no later than our 4th business day. We are not responsible for delivery by US Postal Service. \$ 5.00/copy
- Mailed out **First Class US Mail** or ready for pickup after 3 pm on our next business day. We are not responsible for delivery by US Postal Service. \$10.00/copy
- Request to have transcript faxed within 24 hours with hard copy follow-up \$10.00/copy

Requests must be made in writing to: Washington State University
Center for Distance and Professional Education
PO Box 645222
Pullman, WA 99164-5222

Washington State University CEU Transcript Request Form

Please provide a complete transcript of all non-credit programs that I have completed through Washington State University.

Approximate dates of participation: _____ (yr) through _____ (yr)

Name(s) Used: _____

Birthdate: _____ Maiden Name (if applicable) _____

Last 4 digits of SS# (if US citizen) – Records filed prior to 1997 are by this number: _____

It is unlawful for WSU to deny any individual access to their transcript based on their refusal to provide their Social Security number, except in very limited circumstances. We request your voluntary disclosure for the sole purpose of verification of records.

Number of Copies: Official/Sealed: _____ Unofficial: _____ @ \$ 5.00 ea = _____

Number of Copies: Official/Sealed: _____ Unofficial: _____ @ \$ 10.00 ea = _____

Total: _____

Transcript requests must be accompanied by payment. Payment may be made by check, Visa or MasterCard

If paying by Visa or MasterCard:

Card #: _____ Exp Date: _____ CVV#: _____
Required

Name on Card: _____

Billing address: _____

Please send completed transcripts to: _____

Signature: _____ **(This form must be signed to be processed)**