

**Watertown Public Schools
REQUEST FOR CEU EQUIVALENTS**

- Original Request
 Amended Request

Name:	Soc. Sec. #:	Date:
School:	Department/Grade Level:	
Need Statement:		
Proposal/Activity Title:		
Sponsoring Agency (if applicable):		
Objective(s):	Description of Activity(ies):	
Expected Outcome(s): <i>(Indicate how student learning may improve.)</i>		
Evidence of Accomplishment to be Presented at Conclusion:		
Beginning Date:	Ending Date:	
Total Number of Hours Requested for CEU Equivalents:		
Applicant's Signature:		

CEU Manager will complete this section:

- Approved
 Not Approved

Explanation: _____

Number of CEU Equivalent Credits Approved:

CEU Manager: _____

Date: _____