

FLORIDA **A&M** UNIVERSITY

OFFICE OF CONTINUING EDUCATION NON-CREDIT PROGRAM AUTHORIZATION REQUEST

College/School/Department _____

Program Name _____

Program Director _____

Email Address _____ Phone Number _____

Program Contact Person _____ Title _____

Email Address _____ Phone Number _____

PROGRAM INFORMATION

Brief Description of Program _____

Program Type: Conference ___ Institute ___ Seminar ___ Other (specify) _____

Program Date(s) _____ Time _____

Program Location _____

Program Cost(s) _____ Estimated Attendance _____

Program Funding Source: Registration Fees ___ Grant ___ Other (specify) _____

AUTHORIZATION

Program Director _____ Date _____

Dean _____ Date _____

Principal Investigator (if grant funded) _____ Date _____

Director of Continuing Education _____ Date _____

Associate Provost for Graduate Education _____ Date _____

The deadline for submission of this form is 45 days before the program start date.