

# Living on the Edge Continuing Education Unit Request Form

(please type or print in ink)

School Name: \_\_\_\_\_

School Address: (Street, Route, or PO Box): \_\_\_\_\_

(City, State, Zip Code): \_\_\_\_\_

Title of Course completed: \_\_\_\_\_

Location of class (City and State): \_\_\_\_\_

Date of Course: \_\_\_\_\_

Total Hours Viewing/Discussion: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_

Signature of Administrator if instructor and CEU requestor are the same: \_\_\_\_\_

Name of Student (first, last): \_\_\_\_\_

Mailing Address (Street, Route, or PO Box): \_\_\_\_\_

(City, State, Zip Code): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like my certificate sent to my  Home /  School address  
(If one is not checked it will be sent to the mailing address listed above)

Complete this form and mail it along with the \$10.00 registration fee.  
Please make checks to Living on the Edge and send to:

Living on the Edge  
CEU Request  
PO Box 3007  
Suwanee, GA 30024-7128



Association of Christian Schools International

