MISSISSIPPI CHRISTIAN
UNIVERSITY

Request for CEU Transcript or CEU Certificate Copy

Name: _____

Social Security Number (Last four digits): _____

Teacher License Number: _____

Address: _____

_____

_____

Phone: _____ Email: _____

Select item you are requesting:

- ❑ Transcript of CEUs earned since 06/01/2000
- ❑ Copy of Certificate:

  Class name: _____

  Class date: _____

  Provider: _____

Requests are received online or by mail, and cannot be processed without payment.
A $15.00 fee applies to each request.

Online:
Order request and make payment by visiting www.mc.edu/ceutranscript

By Mail:
Send completed form with payment to:
Office of Continuing Education
Box 4031
Clinton, MS 39058