



The Division of Graduate & Continuing Studies  
"The Delta's Link to Lifelong Learning"

## Transcript Request

Program Title: \_\_\_\_\_

Date(s) of Workshop: \_\_\_\_\_

### You may request a CEU transcript by:

**Mail:** Delta State University  
Graduate & Continuing Studies  
RE: CEU Information  
KWH 239  
Cleveland, MS 38733

**Fax:** (662) 846-4313

**Telephone:** (662) 846-4027 or  
(662) 846-4700

*(Please provide: Name, SSN, current  
mailing address, workshop title & your  
contact number)*

**NOTE:** Please allow at least 4 weeks after the completion of the workshop before requesting a CEU transcript. The transcript is accepted by the Mississippi Department of Education for licensure renewal. Certificates are not issued.

---

### CEU TRANSCRIPT REQUEST

I, \_\_\_\_\_, am requesting a CEU transcript. My Social  
(Participant's Name)

Security Number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_. My current mailing address is

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

Please mail to:

☐ Current mailing address above

**-OR-**

☐ Address indicated here:

Thank you,

\_\_\_\_\_  
(Participant's signature)