

Pearl River Community College

Office of the Vice President for General Education & Technology Services

101 Highway 11 North, P. O. Box 5675 • Poplarville, MS 39470 p: 601-403-1374 • f: 601-403-1009 e: elearning@prcc.edu

Transcript Application for CEU Credit

Please attach a copy of your course completion certificate for processing.

All information remai	ns confidential. Tra	nscripts will be mailed to Ho	ost after courses are c	omplete and transcribed.	
CEU Course Title:			Date Offered:		
CEU Host:	МССВ		# CEU Credits:		
Term:			Course Completio	n	
Asterisk (*) items marke	ed are for audit purpo	ses ONLY. All information ren	nains confidential and i	s required.	
PLEASE PRINT					
*Name*Date of Birth					
*SSN*Race*					
Mailing Address					
City, State, Zip			*County		
Email			Phone		
**************************************	**************************************	No If yes, when? Transcript. Make all cher the Transcript Application anscript request fee. Payment	ecks/money orders	s payable to <i>PRCC</i> . lar CEU series, a \$50 late fee will	
_	_	Money order	☐ Check #		
		******* equest for an additional cha		OR OFFICE USE ONLY	
Send requests to: Office of the Vice President for General Education & Technology Services					

Pearl River Community College 101 Hwy 11 North, PO Box 5675 Poplarville, MS 39470

FOR OFFICE USE ONLY		
ID #:		
PROCESSED DATE:		