

Continuing Education Units (CEU) Request Form
SemiZone and Stanford Center for Professional Development

Please print this online form, fill out the required information, and then mail it with your payment of US\$95.00 per CEU Request Form to (Note: One Request Form may include several courses):

SemiZone, Inc.,
236 Stanford Center, No. 443
Palo Alto, CA 94304-1412 (U.S.A.)
Attention: Certificates & CEUs

If payment is made by credit card, you may send this form via fax to (650) 938-4302. Your Continuous Education Units will be credited to your transcript through Stanford University's Registrar's office and a copy of the CEU transcript will be mailed to you for your records.

Student's Information

First Name: _____ Middle Initial: _____ Last Name: _____

SemiZone User ID (E-Mail Address): _____

Permanent Address:

Mailing Address:

Date of Birth (MM/DD/YY)

Specify the SemiZone course(s) for which you request CEU credits

Title of the Course 1:

Title of Course 2 (if any):

Title of the Course 3 (if any):

Title of Course 4 (if any):

Payment Method (payment of U.S.\$95.00 per course CEU transaction):

Personal Check

Money Order

Credit Card

For credit card payment please specify the credit card information and sign below:

Name as it appears on the credit card: _____

Credit Card: Mastercard Visa American Express Other(specify): _____

Credit Card Number: _____ Expiration Date: _____

I authorize SemiZone to charge my credit card for the amount shown: U.S.\$95.00

Your Signature: _____

Date: _____