



Academic Coursework Activity Report for Courses at Accredited Colleges and Universities

Note:

This activity form must be submitted to the RID Approved Sponsor upon completion of the academic course.
A copy of the description of the course and the Institution's transcript or grade report should be attached.

CMP Participant Name (print): _____ RID Member #: _____

CMP Participant Address _____

CMP Participant Email _____ Phone # _____

CMP Participant Cycle End Date _____

Course Title: _____

Name of College or University _____

What is the number of credit hours assigned to the course? _____/semester or _____/quarter

Name of Approved Sponsor: _____

RID Activity Number for this Academic Coursework:

_____._____._____._____

Sponsor Code Month Year Ascending within month; Internal Code (optional)

To which CMP *Content Area* does this course apply? Professional Studies _____ General Studies _____

Course Start Date: _____ Course Completion Date: _____

Number of Continuing Education Credits* (CEUs) awarded to CMP participant: _____
(*1.5 CEU/credit based on a *Semester* session or 1.0 CEU/credit based on a *Quarter* session.)

As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experience which exceeds routine employment responsibilities.

Signature of CMP Participant _____ Date _____

As the CMP Approved Sponsor for this Academic Course activity, I have verified successful completion of the course and a grade of "C" (2.0 GPA) or better.

Signature of RID Approved Sponsor Administrator _____ Date _____

Updated July 2005