 **Academic Coursework Activity Report**



**for Courses at Accredited Colleges and Universities**

Note to participant:

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. The Sponsor will file the paperwork online at www.rid.org for CEU processing at the RID national office.

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: \_**New York City Metro RID**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 and the course was taken at a accredited institution recognized by the Council for Higher Education Accreditation (CHEA).

Signature of RID Approved Sponsor Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated January 2008