



## Academic Coursework Activity Plan & Activity Report



For courses at accredited Colleges and Universities

CMP Participant Name: \_\_\_\_\_ RID Member #: \_\_\_\_\_

CMP Address: \_\_\_\_\_

CMP Email: \_\_\_\_\_

CMP Participant Cycle End Date: \_\_\_\_\_

Course Title: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Activity Start Date: \_\_\_\_\_ Activity Completion Date: \_\_\_\_\_

Start time for Activity: \_\_\_\_\_ Ending time of Activity: \_\_\_\_\_

Total Number of credit hours assigned to the course?: \_\_\_\_\_ semester/quarter

A copy of the description of the course attached

A transcript / grade report attached

Name of Approved Sponsor: Trix Bruce

For Trix's Box Only

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 \_\_\_\_\_

Number of Continuing Education Credits\* (CEUs) awarded to CMP participant: \_\_\_\_\_

A copy of the description of the course

A transcript / grade report

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 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: \_\_\_\_\_ Date: \_\_\_\_\_