



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 _____ Quarter _____

Name of Approved Sponsor ***Texas Society of Interpreters for the Deaf (TSID) 0027***

RID Activity Number for this Academic Coursework: _____

Sponsor Code Month Year Ascending within Month Internal Code (Optional)

Which CMP Content Area? Professional Studies General Studies

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: _____