



Academic Coursework Activity Report

For Courses at Accredited Colleges and Universities



Approved Sponsor: UNC Department of ASL & Interpreting Studies

To be filled out by the CMP Participant:

**Missing information will delay the processing of this request*

CMP Participant's Information -

RID Member #: _____

Name: _____

City: _____ State: _____

Email: _____

CMP Cycle End Date: _____

Academic Coursework Information –

Name of College or University: _____

Course Title: _____

Course Start Date: _____ End Date: _____

Number of credit hours assigned to the course: _____/semester or _____/quarter

Number of CEUs to be awarded: _____

**1.5 CEU/credit based on a Semester session or 1.0 CEU/credit based on a Quarter session*

The course's content area aligns with: Professional Studies General Studies

As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experience which exceeds routine employment responsibilities. Yes No

**Check the Yes/No boxes for the above statement acts as the CMP Participant's signature.*

Date this form was submitted: _____

To be filled out by the UNC Department of ASL & Interpreting Studies who is the CMP Sponsor:

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 an accredited institution recognized by the Council for Higher Education Accreditation (CHEA).

RID Activity Code for this activity: _____

Sponsor Administrator: _____

Date: _____