

APPLICATION FOR ASSESSMENT

Name _____ Date _____
Address _____ Phone(_____) _____
(Home) _____ (_____) _____
(Zip Code) (Business)

Projected Date of Graduation _____ e-mail address _____

Major _____ Academic Adviser _____

EMPLID _____

Credits Requested for Evaluation of Portfolio

Class Number	Course Title	Credit Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please submit a brief statement summarizing the basis for applying for portfolio credit: _____

Administrator Adviser Approval:

I have reviewed the above credit request in the light of this student's total program:

- ____ Request fits within the guidelines for certificate, diploma, or degree requirements.
____ Request does not reflect a duplication of course credit.

Administrator Adviser Signature

Date

Faculty Mentor

Course No. and Title

Date