COURSE PORTFOLIO ASSESSMENT FORM

Date: _______________ Student Name (print): ____________________________
Student ID: _________ Major: ____________________________________________

Course requested for credit through Portfolio assessment:
Subject: _______ Course Number: _____ Course Title: ________________________ Credits: ___

I ______________________ (student name) have reviewed the Portfolio Assessment Guide for the course indicated above and acknowledge and accept the regulations below regarding the Portfolio Assessment:

Student Signature: ___________________________________________ Date: ______________

Approvals to submit a Portfolio for assessment:
Division Chair: ____________________________/___________________________ (Print/Signature) Date: __________
Instructor: ____________________________/___________________________ (Print/Signature) Date: __________

Portfolio assessments for credit are subject to the following regulations:

1. Students will only be allowed to submit a Portfolio for assessment when another form of prior learning assessment (Challenge Exam, AP/CLEP or similar) is not available.
2. Students must be enrolled at LCSC in the semester in which they submit a Portfolio.
3. Students must not be enrolled in the course for which they intend to submit a Portfolio for assessment.
4. Students may not submit a Portfolio for a course they have previously audited, previously failed, or for which they have received credit via another means of prior learning assessment.
5. Students may only submit a Portfolio for assessment for a specific course one time. Portfolios will not be returned and will be kept on file in accordance with Records Retention policies.
6. Credit awarded through Portfolio assessment is limited to 25% of the total credits required for a degree.

Portfolio Assessment Results: The instructor will assess the completed Portfolio and submit this form to the Challenge/Portfolio Exam Coordinator’s Office in Spalding Hall, Room 207.

_____Pass: Credit Awarded  _____Fail: Do not transcript this assessment.

Instructor signature: ______________________________________ Date: ______________

Portfolio Assessment Cost - $70.00. Pay at the Cashiers window (ADM 103) or by phone (208) 792-2202 before scheduling your appointment to submit the Portfolio to the LCSC Testing Center.

Receipt #___________ Cashier initials: ___________ Date: ______________

Scheduled Submission/Exam* Date: ______________ Location: ______________
*Portfolio requirements may vary by course and may include a written or oral exam element.

06/12/19

Office Use Only:
Registrar’s Office Transcribed Date: ______________