

COURSE PORTFOLIO FORM

Student Name: _____ Date: _____

Student ID: _____ Major: _____

Course requested for credit through Portfolio assessment:

Subject: _____ Course No.: _____ Course Title: _____ Credits: _____

I _____ 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: _____

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 cost - \$70.00 **Pay at the Cashier's window or by phone (208)-792-2202 before scheduling your appointment to submit the Portfolio to the LCSC Testing Center

Receipt #: _____ Cashier/Testing Center initials: _____ Date: _____

Scheduled Submission/Exam* Date: _____ Location: _____

*Portfolio requirements may vary by course and may include a written or oral exam element.

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

Pass: Credit Awarded

Fail: Do not Transcript this Assessment

Instructor (signature): _____

Date: _____

Office Use Only

Registrar's Office Transcribed Date: _____