

COURSE PORTFOLIO FORM

Student Name: _____ Date: _____

Student ID: _____

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 must not be enrolled in the course for which they intend to submit a Portfolio for assessment.
2. 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.
3. 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.
4. Credit awarded through Portfolio assessment is limited to 25% of the total credits required for a degree.

Portfolio Assessment cost - \$75.00 per transcribed coursePay at Cashier's window (ADM building), by phone 208-792-2202 or online at www.lcsc.edu/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.

Submission Instructions: Students will submit this form along with their portfolio to the Adult Learning Coordinator in Sacajawea Hall, Room 235 or via email at djwilley@lcsc.edu.**Portfolio Assessment Results:** The instructor will assess the completed Portfolio, and submit this form to the Adult Learning Programs Office in Sacajawea Hall, Room 235. The instructor or Adult Learning Coordinator will inform the student of the results.

Please allow up to three weeks processing time for the Registrar's Office to reflect the results in Warrior Web.

 Pass: Credit Awarded **Fail: Do not Transcribe this Assessment**

Instructor (signature): _____ Date: _____

Office Use Only

Registrar's Office Transcribed Date: _____