



## Application for Portfolio Assessment

Student Name: \_\_\_\_\_ MSU ID#: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

E mail Address \_\_\_\_\_

Course Prefix and Number for which portfolio is being submitted.

\_\_\_\_\_

Course Title: \_\_\_\_\_

I am requesting to submit the portfolio for the above name course for evaluation by a Morehead State University faculty assessor and understand that the fee I am paying is to have the portfolio assessed. The decision to award credit will be based solely on the information that I have provided and not by any fee that is paid.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

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### Adult Education & College Access Use Only

Faculty Evaluator Name \_\_\_\_\_

Academic Department \_\_\_\_\_

Fee Amount for Evaluation \_\_\_\_\_

Account to deposit portfolio assessment fee is 10-00000000-4061051 - Portfolio Assessment.

This student has permission to submit the portfolio for the course above.

\_\_\_\_\_

Adult & Early College Programs Director

\_\_\_\_\_

Date

This form should be delivered to the Cashier (Accounting and Financial Services – 2<sup>nd</sup> floor of Howell McDowell Administration Building Room 207) along with payment for each course the student wishes to submit a portfolio.

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### Accounting and Financial Services Use Only

This student has paid fee for evaluation of portfolio and the fees have been deposited into Account 10-00000000-4061051 - Portfolio Assessment.

\_\_\_\_\_

Accounting and Financial Services Signature

\_\_\_\_\_

Date

This form with signature from Accounting and Financial Services should be returned to The Center for Adult Education and College Access (211 Education Services Building).

Created 6/21/13