



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

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 – 2nd floor of Howell McDowell Administration Building Room 207) along with payment for each course the student wishes to submit a portfolio.

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).

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