

# Portfolio Form of Intent

*for Prior-Learning Credit*

Student ID: A\_\_\_\_\_

Last Name

First Name

MI

Street Address

City

State

Zip

Phone Number

Email Address

Expected Graduation

Major

Concentration (if applicable)

Advisor

Have you previously submitted a portfolio for Prior learning credit?    No    Yes (if yes, date \_\_\_\_\_ )

*What courses do you hope to receive credit for through completion of your portfolio?*

Department

Course Title

Course Number

Credit Hours

Approved Denied

I, \_\_\_\_\_, understand that it is my responsibility to ensure that the credits sought and earned through Prior Learning Credit apply to my degree program and understand that it is my responsibility to complete a separate portfolio that provides evidence of completed learning outcomes for each course. I understand that completion of this Portfolio is not a guarantee for awarded credits.

X \_\_\_\_\_

Date

Department Use Only

Reviewed by: \_\_\_\_\_