



## **COURSE PORTFOLIO FORM**

Student Name:		[	Date:	
Student ID:				
	it through Portfolio assessi	ment:		
Subject:	Course No.:	Course Title:	Credits:	
above and acknowledge a	nd accept the regulations t	e <b>Portfolio Assessment Gu</b> i below regarding the Portfolio <i>A</i>	Assessment.	
	or credit are subject to th			
<ol> <li>Students may not sub which they have received</li> <li>Students may only sub returned and will be keepended</li> </ol>	mit a Portfolio for a course ved credit via another mear omit a Portfolio for assessm ept on file in accordance wi	hich they intend to submit a F they have previously audited, ns of prior learning assessment nent for a specific course one th Records Retention policies mited to 25% of the total cred	previously failed, or for nt. time. Portfolios will not be	
Pay at Cashier's window (		08-792-2202 or online at www	·	
Receipt #:	Cashier Initials:	Date:		
Scheduled Submission/Exam* Date:		Location:	Location:	
*Portfolio requirements ma	ay vary by course and may	include a written or oral exam	n element.	
		orm along with their portfolio t 10 or via email to priorlearnir		
the Adult Learning Progra		assess the completed Portfolic ation Building, Room 10. The s.		
Please allow up to three w	veeks processing time for t	he Registrar's Office to reflec	t the results in Warrior Web.	
Pass: Cree	dit Awarded	🗌 Fail: Do not Trans	cript this Assessment	
Instructor (signature):		Date:		
Office Use Only				
Registrar's Office Transc	ibed Date:	-		
500 8th Avenue, RCH 108			www.lcsc.edu/registrar	