

**MONMOUTH UNIVERSITY**  
Office of the Registrar  
West Long Branch, New Jersey  
732-571-3477

**APPLICATION FOR PORTFOLIO ASSESSMENT**

The candidate must have attained matriculated status and accumulated a total of six (6) college credits at Monmouth University. In addition, there is a non-refundable fee per area of assessment (please refer to the current catalog for fee). The student will be notified via e-mail of the department's decision.

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Student ( ) Freshman (0-28 ½ credits) ( ) Junior (57-90 credits)

Class/year ( ) Sophomore (29-56 ½ credits) ( ) Senior (90 ½ credits)

( ) Graduate Student

EXPECTED GRADUATION DATE: \_\_\_\_\_

Please provide the following information. I wish credit for the following course(s):

Course Number	Subject	Title/ Description	Credits	Assessment Fee*	Workshop Fee*

\*Please see current catalog for fees.

The candidate MUST specify relating course and supply college catalog with the description of course content. The Monmouth University catalog may be used for reference.

October 15<sup>th</sup> is the final submittal date to the appropriate Faculty Evaluator for Fall Assessment; March 15<sup>th</sup> is the final date for Spring Assessment.

Once the student completes their portion of the Portfolio Assessment Form they should visit the Bursar's Office to make payment arrangements.

**Bursar Action**

**Assessment Fees:**      **Number of Credits (\_\_\_\_\_)**      \$ \_\_\_\_\_

**Workshop Fee:**      \$ \_\_\_\_\_

**TOTAL**      \$ \_\_\_\_\_

**Fees Paid on (Date)** \_\_\_\_\_

**Signature (or stamp)** \_\_\_\_\_

Students must bring the completed form (which shows proof of payment) to The Office of the Registrar, along with one copy of their portfolio. The student will be notified via email of the department's decision.

The candidate must also sign the release below, which allows the Office of the Registrar to maintain a copy of the portfolio in the student's record.

I understand that I must pay prior to having my portfolio assessed.

I have read the policy and procedures pertaining to Portfolio Assessment carefully and agree to comply with the terms stated.

I hereby authorize the use of my portfolio for the purpose of review by other Portfolio Assessment candidates or in a professional workshop. No other use is implied by this release.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**FOR DEPARTMENTAL USE ONLY**

**FACULTY NAME:** \_\_\_\_\_

<u>Course and Subject Area</u>	<u>Number of Credits to be Awarded</u>
<b>Total Credits to be Awarded:</b>	

I hereby certify that I have reviewed the subject portfolio(s) and approve awarding institutional credit for the coursework indicated above.

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

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**FOR OFFICE OF REGISTRATION AND RECORDS USE ONLY**

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Office of the Registrar