

MILITARY PORTFOLIO REGISTRATION FORM



UNIVERSITY OF SOUTHERN MAINE OFFICE FOR PRIOR LEARNING ASSESSMENT

253 Luther Bonney Hall P.O. Box 9300, 96 Falmouth Street Portland, Maine 04104-9300 (207) 780-4663 or 1-800-800-4876, x 4663 (207) 780-4055 (fax) www.usm.maine.edu/pla

PLEASE PRINT

Today's Date _____

Full Name _____

Street address _____

City, State and Zip _____

Day Telephone _____ Evening Telephone _____

E-mail address _____ Fax # _____



TITLE OF COURSE FOR WHICH CREDIT IS REQUESTED

CREDIT HOURS REQUESTED

ITT 400 - Occupational Competency _____

PRINTED NAME OF USM PROFESSOR DOING THE EVALUATION _____

..... SIGNATURE OF PROFESSOR

..... DATE



PLEASE READ THE FOLLOWING AND SIGN BELOW

I understand that it is my responsibility to ensure that the credits I earn through the Portfolio Assessment process are applicable to my degree program, or that they are appropriate for my certificate /license /professional advancement.

I also acknowledge that the information I submit to USM is true and correct. I understand that willful failure to give accurate information is considered adequate grounds for revocation of credits granted and possible future disciplinary action by the university.

..... STUDENT SIGNATURE

..... DATE

Deposit to: 06-6805005-45364-32-00 Date: _____ Amt. Rcd. \$ _____ [] Check [] Cash [] Credit Card # _____ B D A C F [] Visa [] MC [] Discover Name: _____ Exp. Date _____ V# _____ Address _____ City _____ State _____ Zip _____ Phone _____ Name on credit card _____