

SDI ACADEMIC 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) 780-4631 (fax)
www.usm.maine.edu/pla

Today's Date _____

Full Name _____ EMPLID# _____

Campus Department _____

Campus Address _____

Campus Telephone _____ Evening/ Cell Telephone _____

E-mail address _____ Fax # _____

- Primary reason for Portfolio Assessment:**
- Pursuing degree at USM
 - Pursuing degree at another institution
 - Earning credits for professional advancement
 - Earning credits for teacher certification
 - Other

WHICH TYPE OF PORTFOLIO ARE YOU PURSUING?

GENERAL ELECTIVE CREDIT

.....
REQUIRED SIGNATURE OF THE DIRECTOR, PRIOR LEARNING ASSESSMENT

DATE

COURSE SPECIFIC

TITLE(S) OF COURSE(S) FOR WHICH CREDIT IS REQUESTED

NAME OF PROFESSOR DOING THE EVALUATION _____

.....
REQUIRED SIGNATURE OF PROFESSOR DOING THE EVALUATION

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.

.....
SIGNATURE OF PORTFOLIO CANDIDATE

DATE