

PORTFOLIO ASSESSMENT REQUEST FORM

Name: _____ Student ID: _____

Mailing Address: _____

Telephone Home: _____ Telephone Work: _____

Email Home: _____ Email Work: _____

My signature below confirms the following:

- I have read the Portfolio Handbook and understand that this portfolio will not be accepted for evaluation if it is determined it has not met the criteria outlined in the Portfolio Handbook. I understand that if my portfolio is submitted in an unacceptable form that it will be returned to me for necessary adjustments.
- I understand that I will be notified via LETU email the number of credits awarded and the amount due. It will be my responsibility to remit full payment within 30 days of this notice or forfeit credit.
- I have enclosed a check made payable to LETU for the portfolio processing fee of \$75.00. If this check is not enclosed I confirm with my signature that a payment has been submitted online.
- I have made copies of all work submitted in my portfolio and do not hold LETU responsible for loss or damage of my portfolio.
- All work contained in this portfolio is solely my own. I certify that the information and documentation contained in this portfolio are an accurate representation of my work.
- I accept the evaluation of the faculty evaluator as the final determinate of the credit awarded.

Student's Signature: _____ Date: _____