

PORTFOLIO REQUEST FOR PREVIOUSLY ASSESSED CREDITS FORM

Student's Name: _____ Student ID: _____

Mailing Address: _____

Telephone Home: _____ Work: _____

Student E-Mail: _____

Number of Credit Hours Awarded From Previous Submission: _____

Number of Credit Hours Paid From Previous Submission: _____

Number of Credit Hours Needed From Previous Submission: _____

I am requesting that my portfolio be reevaluated for previously assessed credits. I understand that if my portfolio is submitted in an unacceptable form that it will be returned to me for necessary adjustments and resubmission. I further understand that I will be notified of credits awarded and the amount due for the assessed credit, at \$50.00 per credit. It will be my responsibility to remit full payment at that time.

I certify that the information and documentation contained in this portfolio are an accurate representation of my work.

Enclosed is a check made payable to LeTourneau University for the reassessment fee in the amount of \$75.00.

Student's Signature: _____ Date: _____