FITCHBURG STATE UNIVERSITY

Life Experience Credit Award Program Evaluation

Please include the portfolio with this form. The portfolio must be submitted to the evaluator at least two weeks prior to the final day of classes in the semester in which you are registered.

STUDENT INFORMATION

Name: _____ ID: @_____ Advisor: _____

Major: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Email: _____@student.fitchburgstate.edu

_____ Semester: _____

DETAIL OF PORTFOLIO PLAN PROPOSAL

Fitchburg State University Course Number and Title	Credits

RECOMMENDATION OF EVALUATOR

Please include comments on the portfolio below, including the rationale for credit recommendation. Attach additional pages if necessary.

☐ Award Credit ☐ Do Not Award Credit

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SIGNATURES (*Chair and Dean's signatures required to authorize award of credit*)

Faculty Evaluator Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Department Dean Signature: _____ Date: _____

Dean of GCE Signature: _____ Date: _____

Office Use Only

Received: _____ **By:** _____ **For:** _____

Date Registrar Staff CRN