

**Office of Records & Registration
Volunteer State Community College
Portfolio Credit Request Form**

Applicant: _____

Address: _____

Day Phone: _____

Course(s) for which Credit is requested: _____

Major/Degree: _____

Anticipated Graduation Date: _____

Documentation to be provided:

Signature of Applicant

Date

Receipt#: _____ Initial: _____

The Portfolio Credit Committee has met with the above-named student and recommends that he/she pursue Portfolio Credit for the course(s) indicated. Please assign a faculty member in the area of _____ to work with the student to develop and prepare supportive documentation and/or to identify certification, scores, etc. required.

Signature, Chair of Portfolio Credit Committee

Date

Signature of Faculty Member Assigned

Date

Signature of Dean

Date