



SCHOOL OF HEALTH
RELATED PROFESSIONS

University of Medicine & Dentistry of New Jersey

Office of Enrollment Services

APPLICATION FOR PORTFOLIO ASSESSMENT

Note: Students must submit an application for EACH course to the Office of Enrollment Services. The chairperson and program director of the department for where the course resides shall determine whether the course is eligible for a portfolio assessment. Submission of evidence does not guarantee credit. The fee paid for the submission is an evaluation fee, not tuition. This application and fee must be received by Enrollment Services **before** faculty reviews documentation and decides to grant or deny credit. Credit is earned if in the faculty's judgment, the student provides sufficient evidence that the partaken learning matches the course objectives/competencies, is at the appropriate level, does not duplicate credit already earned and contributes to the student's requirements for graduation.

Name: _____ Student ID: _____

Daytime Phone: _____ Cell Phone: _____ Home Phone: _____

E-mail: _____ Program: _____

UMDNJ Course Number and Title for Assessment: _____

Total # of Credits for Portfolio Assessment: _____

TYPES OF ASSESSMENT:

_____ Full Course Portfolio assessment (½ of the current tuition, enclose check with this form)

_____ Partial Course Assessment (\$100 fee, enclose check with this form)

You may be asked to meet with the review group or submit further documentation to demonstrate your achievement of competence. The decision made by the review group is final. You may be asked to meet with the group and may need to submit further documentation. If credit is not granted, students should refer to the portfolio guidelines for your options you should enroll in the course. You will receive the results within six weeks of submitting your Portfolio Assessment.

STUDENT'S SIGNATURE _____

DATE _____

SIGNATURE OF PROGRAM DIRECTOR/CHAIRPERSON _____

DATE _____