



SCHOOL OF HEALTH  
RELATED PROFESSIONS

University of Medicine & Dentistry of New Jersey

Office of Enrollment Services

## EVALUATION OF PORTFOLIO ASSESSMENT

This form is to be completed by the department and forwarded to the Associate Dean of Academic Affairs and Research after review of the Portfolio Assessment for the student indicated below.

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Course Number and Title for Assessment: \_\_\_\_\_

### REQUIRED ATTACHMENTS AS EVIDENCE:

- A. Course Description, objectives/competencies  
*If the course is a required SHRP course, the description must come from the SHRP Catalog. If the course is not an SHRP course or an elective course, the course description must be obtained from the attended institution.*
- B. List of documentation
- C. The evidence
- D. For partial course assessment, documentation of registration for course

### CHECK ONE:

APPROVED FOR CREDIT \_\_\_\_\_

NO CREDIT \_\_\_\_\_

SIGNATURE OF FACULTY \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF FACULTY \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PD/CHAIR \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF ASSOCIATE DEAN \_\_\_\_\_ DATE \_\_\_\_\_

**This form will not be accepted without all appropriate signatures and supported documentation**