

Experiential Learning Assessment Petition/Portfolio Cover Form

Idaho State University

This form should be submitted to the ELA Coordinator in hard copy. All other pieces of the ELA Portfolio should be submitted as a single PDF document. **ELA Portfolio deadlines are listed on the ELA website.**

Student Name _____ Email _____

Address _____

Phone _____ Bengal ID Number _____

Catalog Year _____ Level Freshman Sophomore Junior Senior

Major _____ College _____

Class(es) Petitioning: _____

I petition permission to prepare and submit an Experiential Learning Assessment Portfolio, based on the following experience (attach documentation to support petition, if applicable):

STATEMENT OF AUTHENTICITY

By signing this form:

- I agree to comply with ISU's ELA policies and procedures.
- I authorize review of the Portfolio by university faculty and staff.
- I verify the truth, accuracy, and originality of Portfolio information.
- I have collected all necessary signatures to submit this Portfolio.

Student Signature _____ Date _____

DEPARTMENT APPROVAL

Instructor/Department Chair Name _____ Date _____

Instructor/Department Chair Signature _____ Approved Denied
If denied, please attach explanation.

Dean Name _____ Date _____

Dean Signature _____ Approved Denied
If denied, please attach explanation.

CREDITS REQUESTED

Department _____

Course Title _____ Course Number _____ Number of Credits _____

Instructor Name _____ Date _____

Approved Denied

If denied, please attach a letter of explanation.

Instructor Signature _____

Department Chair Name* _____

Date _____

Approved Denied

If denied, please attach a letter of explanation.

Department Chair Signature _____

Dean Name _____

Date _____

Approved Denied

If denied, please attach a letter of explanation.

Dean Signature _____

Course Title _____ Course Number _____ Number of Credits _____

Instructor Name _____ Date _____

Approved Denied

If denied, please attach a letter of explanation.

Instructor Signature _____

Department Chair Name* _____

Date _____

Approved Denied

If denied, please attach a letter of explanation.

Department Chair Signature _____

Dean Name _____

Date _____

Approved Denied

If denied, please attach a letter of explanation.

Dean Signature _____

Course Title _____ Course Number _____ Number of Credits _____

Instructor Name _____ Date _____

Approved Denied

If denied, please attach a letter of explanation.

Instructor Signature _____

Department Chair Name* _____

Date _____

Approved Denied

If denied, please attach a letter of explanation.

Department Chair Signature _____

Dean Name _____

Date _____

Approved Denied

If denied, please attach a letter of explanation.

Dean Signature _____

If additional courses are being requested, a second copy of this sheet may be used.

ELA Coordinator Name _____ Signature _____

Academic Affairs Name _____ Signature _____

FEE PAYMENT

Student should take this form to the Cashier's Office at time of payment.

Contact the Department to obtain the correct Account and Index Codes.

Assessment Fee Payable prior to evaluation of Portfolio	
Department	
Account Code	
Index Code*	
Fee	\$75/portfolio
Total	

Transcription Fee Payable only if credit is approved	
Department	Registrar
Account Code	
Fee	\$15/credit
Number of Credits	
Total	

Return all documents to the ELA Coordinator in the Student Opportunity Development Office (REND 323).