Experiential Learning Assessment 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 __________________________

**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 understand it is my responsibility to collected all necessary signatures to submit this Portfolio.

Student Signature _______________________________ Date ______________________

**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 _______________________
Instructor Signature _____________________________________________
If denied, please attach a letter of explanation.

Department Chair Name _________________________________________ Date _______________________
Department Chair Signature _______________________________________
If denied, please attach a letter of explanation.

Dean Name ___________________________________________________ Date _______________________
Dean Signature _________________________________________________
If denied, please attach a letter of explanation.

Course Title ___________________________________ Course Number ____________ Number of Credits _____

Instructor Name _______________________________________________  Date _______________________
Instructor Signature _____________________________________________
If denied, please attach a letter of explanation.

Department Chair Name _________________________________________ Date _______________________
Department Chair Signature _______________________________________
If denied, please attach a letter of explanation.

Dean Name ___________________________________________________ Date _______________________
Dean Signature _________________________________________________
If denied, please attach a letter of explanation.

Course Title ___________________________________ Course Number ____________ Number of Credits _____

Instructor Name _______________________________________________  Date _______________________
Instructor Signature _____________________________________________
If denied, please attach a letter of explanation.

Department Chair Name _________________________________________ Date _______________________
Department Chair Signature _______________________________________
If denied, please attach a letter of explanation.

Dean Name ___________________________________________________ Date _______________________
Dean Signature _________________________________________________
If denied, please attach a letter of explanation.

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.

<table>
<thead>
<tr>
<th>Assessment Fee</th>
<th>Payable prior to evaluation of Portfolio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Account Code</td>
<td></td>
</tr>
<tr>
<td>Index Code*</td>
<td></td>
</tr>
<tr>
<td>Fee</td>
<td>$75/portfolio</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

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