



COLLEGE of
SAINT ELIZABETH

Portfolio Experiential Learning Assessment Registration Form (PELA)

Before this process is officially begun with the student, the Program Chair or Course of Study Coordinator meets with the Area Chair to discuss the request.

Student Name _____ Student ID: 0000_____

Program of Study _____

Course Equivalency: Course Number _____ Credits _____ Year/Term/Session _____

Course name _____

How many credits have you previously earned through Credit by Examination, Portfolio Assessment, or transfer credit: _____

Student _____ Date _____
Signature

Program Chair _____ Date _____

Course of Study Coordinator _____ Date _____

Approval: Yes _____ No _____

Area Chair _____ Date _____
Signature

Note: The Portfolio must be completed and submitted within 60 calendar days of approval.

Faculty Evaluator _____

Approval Date: _____

Final Papers to be filed with Program Chair/Course of Study Coordinator: Date _____

Total Fee: \$350.00 per course nonrefundable.

**Copy of this form to the Area Chair, who signs and sends to the Registrar.

REG Input _____ Date _____