

**CENTER FOR ALTERNATIVE STUDIES AND EDUCATIONAL TESTING
NORTH SHORE COMMUNITY COLLEGE**

EVALUATION CREDIT BY PORTFOLIO APPLICATION

A. STUDENT INFORMATION

Name _____ S.S. # _____

Address _____
Street City State Zip

Telephone # _____
(home) (work)

Program of Study _____ Matriculated: Yes _____ No _____

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B. For ALT 103 Skill Assessment and Portfolio Preparation, 1 credit, please sign here:

Student Signature _____ Date _____

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C. EVALUATION CREDIT BY PORTFOLIO INFORMATION

I am petitioning for Evaluation Credit by Portfolio for the following course(s).

<u>Course #</u>	<u>Course Title</u>	<u>Credits</u>
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D. FEES

A non-refundable application fee of \$25.00, payable to North Shore Community College, is due upon submission of the portfolio. When the portfolio has been approved, the student will be billed for the credits awarded based upon the current fee-per-credit at the college.

_____ Student	_____ Date	_____ Coordinator, Alternative Studies	_____ Date
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E. FOR OFFICE USE ONLY:

_____ Application fee paid

_____ Student to be billed for application fee

**EVALUATION CREDIT BY PORTFOLIO
FOR
NORTH SHORE COMMUNITY COLLEGE**

Discipline Code/Course #

Title

(insert official course description here)

PRESENTED TO THE CENTER FOR ALTERNATIVE STUDIES AND
EDUCATIONAL TESTING AND THE ACADEMIC DEPARTMENT OF:

AT NORTH SHORE COMMUNITY COLLEGE
1 FERNCROFT ROAD
PO BOX 3340
DANVERS, MA 01923-0840

COORDINATOR, ALTERNATIVE STUDIES
CENTER FOR ALTERNATIVE STUDIES AND EDUCATIONAL TESTING

PRESENTED BY:

DATE:

NORTH SHORE COMMUNITY COLLEGE
CENTER FOR ALTERNATIVE STUDIES AND EDUCATIONAL TESTING
EVALUATION CREDIT BY PORTFOLIO PETITION

NAME _____ S.S. # _____

ADDRESS _____
Street City State Zip

TELEPHONE: _____

STUDENT SIGNATURE: _____

TITLE OF ASSOCIATE DEGREE PROGRAM: _____

1. APPLICABLE EDUCATION AND/OR WORK EXPERIENCE WITH DATES:

2. COMPETENCIES THAT WERE MET BY THIS EXPERIENCE:

3. LENGTH OF TIME SPENT IN EXPERIENCE:



DOCUMENTATION PRESENTED

- Required
- ____ Resume
 - ____ Narrative
 - ____ Letter from employer, supervisor, reference
- Optional
- ____ Job description/ classification
 - ____ Certificates
 - ____ Newspaper clippings
 - ____ Civil Service Exam Data

- Optional
- ____ List of books, periodicals, and other resources used
 - ____ Products of work/live performance
 - ____ Schedules of time spent
 - ____ Papers, reports, proposals produced
 - ____ Official forms/records
 - ____ List of activities
 - ____ Evaluations, promotion records
 - ____ Outlines of experiences
 - ____ Tapes, presentations, photographs
 - ____ Other

**NORTH SHORE COMMUNITY COLLEGE
CENTER FOR ALTERNATIVE STUDIES AND EDUCATIONAL TESTING
STUDENT SUMMARY WORKSHEET**

Student Name _____ S. S.# _____

1. List each Course Number, Title, Number of Credits

2. Write an objective paragraph using the third person singular. In other words write as if someone else is writing about you. Use the following structure to create three sentences.

Sentence 1. **"The student has demonstrated competence in** [*derive general competencies from the petition-Form EC3*].

Sentence 2. **"Proficiency is evidenced by** [*documentation listed in the table of contents and on the petition*].

Sentence 3. **"Documented Experience attests to** [*time in hours, weeks, months, years*]

of work/volunteering/in-service training in the field of

EVALUATION CREDIT BY PORTFOLIO
REVIEW COMMITTEE EVALUATION REPORT

Student: _____

S. S. # _____

DISCIPLINE CODE / COURSE#:

NUMBER OF CREDITS:

COURSE TITLE:

SUMMARY:

REVIEW CHAIRPERSON/COMMITTEE MEMBERS:

DEPARTMENT:

APPROVED: _____ COMMENT(S)

CONDITIONAL APPROVAL: _____ CONDITION(S)

DENIED: _____ RATIONALE

Faculty Review Chair Date

Coordinator, Alternative Studies Date

Department Chair Date

Director, Center for Alternative Studies Date

Division Chair Date

Dean of Academic Affairs Date
or Designee

**CENTER FOR ALTERNATIVE STUDIES AND EDUCATIONAL TESTING
NORTH SHORE COMMUNITY COLLEGE
STUDENT RELEASE FORM**

Joseph Boyd, Alternative Studies Coordinator
Center for Alternative Studies and Educational Testing
North Shore Community College
1 Ferncroft Road
P. O. Box 3340
Danvers, MA 01923-0840

Dear Mr. Boyd:

This is to authorize permission to utilize this portfolio for educational purposes.

I herein certify that I understand the following conditions pertaining to my portfolio:

1. The evaluated portfolio is considered the property of the Center for Alternative Studies and Educational Testing and will remain on file at the discretion of the Director. It is my responsibility to reclaim any additional copies submitted within two months of the completed evaluation.
2. Materials utilized will be used with discretion and for no purpose other than as a demonstration model.
3. Signing this release form has no effect on the outcome of the evaluation.

_____ No restrictions

_____ Restrictions as described: _____

Name: _____

S.S. #: _____

Address: _____

Signature: _____

Date: _____

NORTH SHORE COMMUNITY COLLEGE
CENTER FOR ALTERNATIVE STUDIES AND EDUCATIONAL TESTING

EVALUATION CREDIT BY PORTFOLIO CHECK SHEET

- _____1. Review Committee Evaluation Report, EC5
- _____2. Eval Credit by Portfolio Application, EC1
- _____3. Eval Credit by Portfolio Title Page, EC2
- _____4. Table of Contents
- _____5. Eval Credit by Portfolio Petition, EC3
- _____6. Educational Plan Validation
- _____7. Resume
- _____8. Narrative
- _____9. Letters of Reference
- _____10. Student-Selected Documentation
- _____11. Student Summary Worksheet, EC4
- _____12. Student Self-Evaluation
- _____13. Release Form, EC6
- _____14. Check Sheet, EC7

FORM EC7