

PORTFOLIO & FACULTY ASSESSOR SERVICES

COURSE APPROVAL FORM

OLD DOMINION UNIVERSITY • Weekend College and Experiential Learning
138 Gornto TELETECHNET Center • Norfolk, VA 23529
Phone 757-683-6388 • FAX 757-683-6107

Date: _____

To: _____
Dean or Department Chair

From: Sandra M. Waters, Director
Weekend College and Experiential Learning

Student's Name: _____ UIN: _____

DEGREE PROGRAM: _____

Portfolio Assessment for the following course(s):	Faculty Assessor recommended:
_____	_____
_____	_____
_____	_____

Compensation: \$ _____ Please return this form with your decision by _____

This is only a determination that Old Dominion University is able to assess the course or courses listed above. Academic credit is dependent on the evaluation of the portfolio. If the portfolio method is not appropriate for the particular course, please check an alternative assessment method.

Alternative assessment suggestions:

- _____ Oral or written examination
- _____ Performance
- _____ Demonstration
- _____ Interview
- _____ Other

Comments: _____

Approval: _____ Date: _____
Dean or Department Chair's Signature

We appreciate your efforts of behalf of this student and the Experiential Learning program.

_____ Experiential Learning _____ Department