



Counseling/Advising and Career Services, D-102  
 1961 Delta Road  
 University Center, MI 48710  
 Phone: 989-686-9330  
 Fax: 989-667-2228

## CREDIT-BY-PORTFOLIO APPLICATION

- ◆ Please print and complete the top section of this application.
- ◆ Include the non-refundable \$25.00 per credit hour attempted fee in order to have the portfolio reviewed by the academic division. (Delta College reserves the right to increase fees.)
- ◆ Return this application along with your supporting documentation.
- ◆ Use a separate application for each course.

### STUDENT (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Student # \_\_\_\_\_

Telephone # \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Course Name \_\_\_\_\_

Course Number \_\_\_\_\_

Credit Hours  X \$25.00 = \$ \_\_\_\_\_

### Delta College Cashier: Please deposit into CBP Account.

\_\_\_\_\_  
 Receipt Number

\_\_\_\_\_  
 Amount Paid

\_\_\_\_\_  
 Date Paid

\_\_\_\_\_  
 Staff

### Faculty/Division Chair Evaluation

This portfolio:  qualifies for credit/meets the course requirements.

does not qualify for credit/does not meet the course requirements.

\_\_\_\_\_  
 Faculty Signature

\_\_\_\_\_  
 Employee ID Number

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Faculty Signature

\_\_\_\_\_  
 Employee ID Number

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Division Chair Signature

\_\_\_\_\_  
 Date

REGISTRAR \_\_\_\_\_

FP \_\_\_\_\_

LOG \_\_\_\_\_