COLUMBIA COLLEGE Portfolio Assessment Request Form

NOTE:
Must; Shall; Will:
Should:
May or Could: Can:

<u>Clarification of Terms</u> These words or phrases indicate actions or activities that are essential or mandatory. This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.

Columbia College, Registrar's Office 802 Manning Road N.E., Calgary, AB T2E7N8 Toll Free in Canada / US: 1-888-235-9370 Other: 1-403-235-9300, Fax: 1-403-272-3805

Student ID Number (if applicable)											

For Office Use

Reference Number

Review the Portfolio Assessment-Evaluation Procedures document at www.columbia.ab.ca for instructions on form use.

About you									
Student Name: Last		First	Middle	Phone (Day):					
Forme	er Name:	Last	First	Middle	Phone (Evening):				
Mailing Address: City/Town:									
Province/State: Postal/Zip Code:				E-mail:					
Name of Program currently registered in at Columbia College:									
About your Request									
Have you contacted the Registrar's Office and been given a copy of the course syllabus for each course being challenged? Yes No (If No, please send your request to <u>registrar@columba.ab.ca</u> before completing your portfolio)									
2	Course(s) being requested for evaluation by Portfolio Assessment Office Use Only								
		Columbia Co	ollege Course Code	Portfolio Assessment Fee (Non-Refundable)	All Doc./Fee Recvd. (Y/N)	Approved (Initial)			
					\$450.00				
					\$450.00				
					\$450.00				
					\$450.00				
The fees and student signatures must be provided with this request. Cheques are not accepted. Fees may be sent by Money Order, VISA or Mastercard; or cash or debit if paid in person.									
The personal information on this form has been collected for the sole purpose of processing your request. The information is collected in accordance with the Columbia College privacy policy, as well as Alberta Personal Privacy legislation. If you have any questions about the collection or use of this information please contact the Corporate Privacy Officer. This form must be signed before we can process your request.									
Student Signature: Signature date:									
For Registrar's Office Use Only									
Received By: Re				Received D	Received Date:				
Program Coordinator Signature: Program Coordina					oordinator Signature D	ate:			
Processed By:					Processed Date:				

Document Name: Portfolio Assessment Request Form Document Number: REG-F002 Revision #1 NOTE: Revisions to this document can be made following procedures outlined in Document #ADM-P014 – Document Control Policy and Procedures