THE COLLEGE OF SAINT ROSE EXPERIENCED ADULT PROGRAM EAP PORTFOLIO SUBJECT AREA APPLICATION

Application for Experienced Adult Program credits in:					
Student Name:			ID:		
Email:					
Major:		Advisor:			
Course #	Course Title	Credits Requested	Credit Category (M, LE, GE)	Faculty Evaluation Course Recommendation	Evaluation Based on*
Faculty comments:					
Faculty signature:					
Date:			D – Fo	s: Ident's essay describing learning B – Exan rmal documentation (certificates) J – Job /ritten examination by evaluator O – Oral	descriptions, validating letters

AP – Art Portfolio OT – Other, please explain