

UNIVERSITY OF INDIANAPOLIS
SCHOOL FOR ADULT LEARNING
Esch Hall 112
317-788-3393

Self-Acquired Competency Portfolio Contract

Date: _____

Student Name: _____

Address: _____

Phone(s): _____/home/_____/work/_____

Social security #: _____

I am submitting a portfolio documenting learning and competencies from prior experience for evaluation through the School for adult Learning. I understand that the School for Adult Learning will select faculty evaluators and that a Review Committee will review the recommendations for credit before credit is awarded. Since the recommendations for credit are confidential communications, I waive my rights of inspection and review. Further, I am aware that graduation will not be possible during the term in which I submit my portfolio.

Date: _____

Student signature

Director signature