

Portfolio Evaluation Application

for Curriculum and Instruction Department

THE CANDIDATE MUST APPLY TO THE GRADUATE SCHOOL FOR PORTFOLIO EVALUATION ONE TRIMESTER BEFORE THE TRIMESTER IN WHICH THE CANDIDATE WISHES TO COMPLETE THE PORTFOLIO EVALUATION PROCESS.

CHECK YOUR PROGRAM AREA

- Teaching: Elementary (self-contained)
- Teaching: Early Childhood
- Reading
- Special Education
- English Language Learners

Anticipated graduation trimester (check one): Fall 20____ Spring 20 ____ Summer 20____

Anticipated portfolio submission trimester (check one): Fall 20____ Spring 20 ____ Summer 20____

NAME

STUDENT ID NUMBER (919...)

SOCIAL SECURITY NUMBER

LOCAL ADDRESS

CITY

STATE

ZIP

(_____)_____
LOCAL TELEPHONE NUMBER

I understand that I AM NOT ELIGIBLE to submit the portfolio unless I have met departmental program requirements as outlined in the graduate catalog and in the guidelines provided by my program advisor. I understand that it is my responsibility to contact my advisor to make certain I have met these requirements.

STUDENT'S PRINTED NAME

DATE

PROGRAM ADVISOR'S SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE

GRADUATE DEAN'S SIGNATURE

DATE

CONTACT THE GRADUATE OFFICE AT (660) 562-1145 OR AT GRADSCH@NWMISSOURI.EDU FOR MORE INFORMATION