



UNIVERSITY OF CINCINNATI  
 COLLEGE OF APPLIED SCIENCE  
 2220 Victory Parkway  
 Cincinnati, OH 45206-2839

# APPLICATION TO SUBMIT PORTFOLIO

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

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

Are you currently matriculated:  Yes  No  AAS  BS

## ----PORTFOLIO REQUEST----

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

This Portfolio is being used to fulfill the following requirement toward my degree:

- |   |  |
|---|--|
| <input type="checkbox"/> Humanities             | <input type="checkbox"/> Fire Science        |
| <input type="checkbox"/> Math, Computer Science | <input type="checkbox"/> Technical Electives |

Level:  AAS Degree  BS Degree

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*No Portfolio will be approved if this form requesting permission to portfolio is missing from your file.*

Approved:  Yes  No

Department Head \_\_\_\_\_ Date: \_\_\_\_\_

Copies to: Student \_\_\_\_\_ File \_\_\_\_\_ Dept. Head \_\_\_\_\_  
 Mathematics or Humanities Dept. Head (If applicable) \_\_\_\_\_