



SAINT FRANCIS
MEDICAL CENTER
COLLEGE OF NURSING

Portfolio Form

Student Name: _____

Select One: RN-BSN RN-MSN

Failure to complete Portfolio for Fall semester by October 15th or Spring semester by March 15th can result in the student not graduating on time. _____
(student initials)

I intend to complete the Portfolio in the _____ semester of _____.
(Fall or Spring) (year)

My work experience as an RN includes _____ years at:
(number of years)

Dean Approves Intent (select one): YES NO

Transfer course added in SONIS: _____ Date: _____
(registrar's signature)

Faculty Reviewing: _____ given portfolio on _____
(faculty's name) (date)

Approved by: _____ Date: _____
(dean's signature)

Transfer credit added in SONIS: _____ Date: _____
(registrar's signature)