



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 15<sup>th</sup> or Spring semester by March 15<sup>th</sup> 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)

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Dean Approves Intent (select one): ☐ YES                      ☐ NO

Transfer course added in SONIS: \_\_\_\_\_ Date: \_\_\_\_\_  
(Registrar's signature)

Advisor Reviewing: \_\_\_\_\_ given portfolio on \_\_\_\_\_  
(Advisor's Name) (date)

Approved by: \_\_\_\_\_ and \_\_\_\_\_  
(Advisor's signature) (Deans's signature)

Transfer credit added in SONIS: \_\_\_\_\_ Date: \_\_\_\_\_  
(Registrar's signature)