



Reading Area Community College Assessment Tracking Document

Use Black or Blue Ink ONLY

Please complete by printing the following information.

PRINT STUDENT'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

RACC STUDENT ID # _____ DATE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

STUDENT PHONE NUMBER _____ MAJOR _____

COURSE #	TITLE	CREDITS	INDICATOR*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*AP-Advanced Placement NE-National Exams IE-Credit by Examination CA-Credit by Articulation EC-External Credit ME-Military Experience PA-Portfolio Assessment

APPROVED DISAPPROVED

FACULTY SIGNATURE _____ DATE _____

OFFICE USE ONLY
COORDINATOR OF ASSESSMENT _____ DATE _____

Portfolio / Credit by Exam / Articulation

FACULTY MEMBER _____ ASSESSMENT HOURS _____

FACULTY SIGNATURE _____

Portfolio Stipend

DEAN'S COMMENTS:

I HAVE REVIEWED THIS STIPEND REQUEST AND CONCUR WITH THE HOURS LISTED. PLEASE PAY THE FACULTY MEMBER.

DEAN'S SIGNATURE _____ DATE _____

READING AREA COMMUNITY COLLEGE
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