

MARIAN UNIVERSITY

ePortfolio Chairperson Form

_____ will serve as my ePortfolio Chairperson. I will ensure that my ePortfolio remains available to my Chairperson

I acknowledge that my ePortfolio may be made available for review by accreditation agencies for the purpose of program accreditation, otherwise, my ePortfolio will not be made public by Marian University without my written consent.

Student signature: _____

Date: _____

Chairperson signature: _____

Date: _____

I give my permission to use my ePortfolio as an exemplar for future students Yes No

Anticipated final semester

Copy to Chairperson

Copy submitted to course assignment

Copy to Nursing Department Coordinator (nursing@marianuniversity.edu)