



**SAINT FRANCIS  
MEDICAL CENTER  
COLLEGE OF NURSING**

## **Portfolio Letter of Intent**

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)

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

My work experience as an RN includes \_\_\_\_\_ years      full time / part time      at:  
(number of years)    (circle one)

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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)