


Request for Undergraduate Prior Learning Assessment

Last name _____ First name _____
 Mailing Address _____ Phone: Day _____
 City _____ State _____ Zip _____ Phone: Evening _____
 Cambridge College e-mail _____

Portfolio for course from:

Name of college/university _____
 Course number _____
 Course title _____
 Title of portfolio
 (if different from course title) _____

After printing and filling out this form, return it with your portfolio, exam results or other supporting materials to:



Jean Lendall
jean.lendall@cambridgecollege.edu
Cambridge College
500 Rutherford Avenue Boston, MA 02129

Student signature _____ Date _____
 Academic advisor _____ Date _____

Student, please don't write below this line

- Approved for _____ credits
- Not approved—additional work needed, then resubmit
- Not approved

Comments—assessment, reasons and recommendations:

Total due \$ _____

- \$390 per 3-credit portfolio
- \$650 per block portfolio

Reviewer signature _____ Date _____

Undergraduate dean signature _____ Date _____