



Undergraduate Academic Advising

Student ID# _____

Your Cambridge College Location

- Cambridge, MA Merrimack Valley, MA
- Chesapeake, VA Springfield, MA
- Inland Empire, CA Other _____

Request for Undergraduate Prior Learning Assessment

Last name _____ First name _____

PLEASE PRINT CLEARLY

Phone: Day () Phone: Evening ()

E-mail home work _____

Mailing Address _____ Apt _____

City _____ State _____ Zip _____

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:

 Coordinator of Undergraduate Academic Advising
Cambridge College
1000 Massachusetts Avenue
Cambridge, MA 02138

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

Total due \$ _____
\$100/credit attempted

Comments—assessment, reasons and recommendations:

Reviewer signature _____ Date _____

Undergraduate Dean signature _____ Date _____