



# Cambridge College

## Request for Undergraduate Prior Learning Assessment

Please PRINT this form and complete fully (Please write clearly)

- 1000 Massachusetts Ave, Cambridge, MA 02138
- 570 Cottage St, Springfield, MA 01104
- 60 Island St, Lawrence, MA 01841
- BA NITE

Student Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_

Student ID # \_\_\_\_\_  
 Phone: Day (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Phone: Evening (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Academic Advisor \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ Cambridge College Course Number

\_\_\_\_\_ Title of Course, Portfolio, or exam

- Portfolio / Cambridge College Course
  - Portfolio/ course from another college  
 Name of College or University: \_\_\_\_\_  
 Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_
  - CLEP exam
  - DSST EXAM

Total Amount Due \$ \_\_\_\_\_ Received by SASS \$ \_\_\_\_\_ Amount to be billed \$ \_\_\_\_\_  
 Signature: Student \_\_\_\_\_

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

**To**  
**Office of Student Academic Support Services (SASS)**  
**1000 Massachusetts Avenue**  
**Cambridge, MA 02138-5304**

Student, please don't write below this line

- 
- Approved for \_\_\_\_ credits
  - Not Approved Additional work needed, then resubmit (no charge except for standardized exams)
  - Not Approved

Comments: Assessment, reasons, and recommendation:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: Reviewer: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: Director of SASS: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_