


## 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:



**Coordinator of Undergraduate Academic Advising  
 Cambridge College  
 500 Rutherford Avenue  
 Boston, MA 02129**

Student signature \_\_\_\_\_ Date \_\_\_\_\_  
 Academic advisor \_\_\_\_\_ Date \_\_\_\_\_

Student, please don't write below this line

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

Comments—assessment, reasons and recommendations:

Total due \$ \_\_\_\_\_  
 • \$390/portfolio attempted

Reviewer signature \_\_\_\_\_ Date \_\_\_\_\_  
 Undergraduate dean signature \_\_\_\_\_ Date \_\_\_\_\_