

- Cambridge Puerto Rico
 Lawrence Southern California
 Springfield Other _____

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
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

Comments—assessment, reasons and recommendations:

Total due \$ _____

- \$130/credit attempted
- \$650 for block portfolio

Reviewer signature _____ Date _____

Undergraduate dean signature _____ Date _____