PORTFOLIO REGISTRATION FORM

UNIVERSITY OF SOUTHERN MAINE
OFFICE FOR PRIOR LEARNING ASSESSMENT

253 Luther Bonney Hall
P.O. Box 9300, 32 Bedford Street
Portland, Maine 04104-9300
(207) 780-4663 or 1-800-800-4876, x 4663
(207) 780-4631 (fax)
www.usm.maine.edu/pla

PLEASE PRINT **TODAY'S DATE** _____

Full Name _____ USM ID# or SS # _____

Street address _____

City, State and Zip _____

_____

Day Telephone _____ Evening Telephone _____

E-mail address _____ Fax # _____

Primary reason for Portfolio Assessment: ☐ Pursuing degree at USM ☐ Pursuing degree at another institution

☐ Earning credits for professional advancement ☐ Earning credits for teacher certification ☐ Other

COMPETE THE INFORMATION REQUESTED*

Undergraduate Credit:		**Graduate Credit:**	
TITLE(S) OF COURSE(S) for which credit is requested	**CREDIT HOURS REQUESTED**	**TITLE(S) OF COURSE(S) for which credit is requested**	**CREDIT HOURS REQUESTED**

NAME OF THE USM PROFESSOR DOING THE EVALUATION

....

SIGNATURE OF PROFESSOR **DATE**

***GENERAL ELECTIVE CREDIT IS FOR UNDERGRADUATE CREDIT ONLY. PLEASE GIVE NUMBER OF CREDITS YOU WILL ATTEMPT** _____

☐ $75 Evaluation Fee paid (for both graduate and undergraduate credits)

JUN09

PLEASE READ THE FOLLOWING AND SIGN BELOW

I understand that it is my responsibility to ensure that the credits I earn through the Portfolio Assessment process are applicable to my degree program, or that they are appropriate for my certificate /license /professional advancement.

I also acknowledge that the information I submit to USM is true and correct. I understand that willful failure to give accurate information is considered adequate grounds for revocation of credits granted and possible future disciplinary action by the university.

_____ _____
Student name Date

Undergraduate fee: 06-6805005-45364-31-00 Date: _____ Amt. Rcd. $_____ ☐ Check ☐ Cash ☐ Credit Card # _____
B D A C F
☐ Visa ☐ MC ☐ Discover Exp. Date _____ V#___
Graduate Fee: 06-6805005-45364-36-00 Name on credit card _____

Address _____

City _____ State _____ Zip _____ Phone _____