



UNIVERSITY OF
SOUTHERN MAINE
OFFICE FOR PRIOR
LEARNING ASSESSMENT

253 Luther Bonney Hall
PO Box 9300, 32 Bedford Street
Portland, Maine 04104-9300
207-780-4383 or 800-800-4876-4383

CLEP and DANTES Posting Fee Form

Name _____ ID# _____ DOB _____

Mailing Address, City, State, and Zip _____

E-Mail Address _____ Phone _____

Subject of Test _____

Test Date (month and year) _____

Check one: _____ **CLEP** exams taken at USM or another site

_____ **DANTES** (DSST) exams taken at USM or another site

_____ **DANTES** Military transcript listing DSST and/or **CLEP** exams

For credit at USM	<ol style="list-style-type: none"> 1. Compare your score with the USM passing score for the exam(s) you took. 2. If you pass the exam and pay the \$15 posting fee, you will receive credits at USM as soon as the Official CLEP/DANTES Score Transcript arrives at PLA—usually about 4 weeks after the CLEP or DANTES exam. 3. If you pass the exam(s), but did not take the exam(s) at USM, first request that an official transcript from CLEP or DANTES be sent to the address above, then pay the \$15 posting fee to USM.
\$15 posting fee	The fee to process any CLEP or DANTES transcript is \$15 per official transcript, regardless of the number of exams taken, or credits being awarded. Please check on MaineStreet in PeopleSoft to see if credits have been posted.
\$15.00 non-USM or non-degree seeking student	An additional record creation fee of \$15 is required of all non-USM or non-degree seeking students.
Payment methods	Accompanied by this Posting Fee Form, please mail or deliver payment (payable to USM) to the above address. You may deliver payment in person, with the appropriate form, to the USM Student Billing Office: 118 Payson Smith Hall, 96 Falmouth Street, PO Box 9300, Portland, Maine 04104-9300.
Total Due	Posting Fee _____ and Records Fee (if applicable) _____ = TOTAL _____

BILLING OFFICE ONLY

B D A C F

Account to be credited: **CLEP 06-6805005-45319-10-00**

Dantes 06-6805005-45380-60-00

Amount to be paid: \$ _____

Method of payment: Check Cash

Credit card Exp. Date _____ V# _____
Name on card _____

Type of credit card: Visa MC Discover

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____