



UNIVERSITY OF
SOUTHERN MAINE
OFFICE FOR PRIOR
LEARNING ASSESSMENT

253 Luther Bonney Hall
P.O. Box 9300, 32 Bedford Street
Portland, Maine 04104-9300
780-4663 or 800-800-4876, x4383

UNDERGRADUATE CREDENTIAL REVIEW FEE POSTING FORM

Name _____ SS# or MaineStreet ID# _____

Phone _____ E-mail _____

Mailing Address, City, State, and Zip _____

Content area in which the credits will be awarded: _____

Once credits have been assessed, but before any credits are posted to a USM transcript, the following fees must be paid:

UNDERGRADUATE CREDIT

\$750 Fee, NUR 314, 30 credits \$ _____

\$35 per credit for undergraduate credits awarded. Number of credits: _____

Cost of credits: \$ _____

\$15 records creation fee is added for non-USM, non-degree seeking students. \$ _____

TOTAL COST: \$ _____

Fees, payable to USM, must be mailed or delivered (not telephoned) to either of the below listed addresses on the Portland Campus, and **must be accompanied by this form. Please contact PLA if you are paying at the Billing Office.**

USM, Student Billing Office
P.O. Box 9300, 118 Payson Smith Hall
Portland, Maine 04104-9300

Office for Prior Learning Assessment
253 Luther Bonney Hall, 32 Bedford Street
Portland, Maine 04104-9300

Billing Office Only

Account to be credited: 06-6805005-45366-40-00

B D A C F

Method of Payment: Check Cash

Credit Card Name on card _____
Type of credit card Visa MC Discover
Exp. Date _____ V# _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____