

# UNDERGRADUATE PORTFOLIO REGISTRATION FORM



UNIVERSITY OF  
**SOUTHERN MAINE**  
OFFICE FOR PRIOR  
LEARNING ASSESSMENT

253 Luther Bonney Hall  
P.O. Box 9300, 85 Bedford Street  
Portland, Maine 04104-9300  
(207) 780-4663 or 1-800-800-4876, x 4663  
(207) 780-4055 (fax)

## PLEASE PRINT

With the payment of \$75 Evaluation Fee, and completion of this form, your Academic Portfolio timeline starts now:

Today's date \_\_\_\_\_ Initials \_\_\_\_\_

The completion date for your Academic Portfolio is:

Completion date \_\_\_\_\_ Initials \_\_\_\_\_

Full Name \_\_\_\_\_ USM ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Day Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_ MAJOR \_\_\_\_\_

### 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

Type of Credits Requested:    ☐ General Elective    ☐ Course Specific    ☐ Elective Within a Major

Number of credits you plan to attempt: \_\_\_\_\_

### COMPLETE THE INFORMATION REQUESTED HERE:

**TITLE(S) OF COURSE(S)**  
**for which credit is requested**

**CREDIT HOURS REQUESTED**

☐ The Chair of the department in which credit is sought has been informed of this portfolio. (No action required.)

### SIGNATURE OF THE USM PROFESSOR DOING THE EVALUATION

SIGNATURE OF PROFESSOR

PRINTED NAME

DATE

### PLEASE READ THE FOLLOWING AND SIGN BELOW

I understand that it is my responsibility to ensure that the credits I earn through the Academic 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.

YOUR SIGNATURE

PRINTED NAME

DATE