



Registrar's Office
 Cambridge College
 500 Rutherford Avenue
 Boston, MA 02129
 Phone: 617.873.0101
 Fax: 617.242.0026
 registrar@cambridgecollege.edu

Non-Matriculated Student Registration Form

For students not in a degree or certificate program

Term Fall Spring Summer Year: _____
Online Session **A** **B**

Student ID# _____

Your Cambridge College Location

Boston Puerto Rico
 Lawrence Southern California
 Springfield Other _____
 Online

Student Information PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Last name _____ First name _____ Middle name _____

Current Residence:
 Address _____ Apt _____ Phone (_____) _____

City _____ State _____ Zip _____

E-mail (required) home work _____

Social Security number _____ Date of birth: Month _____ Day _____ Year _____

Emergency contact:
 Name _____ Relationship _____ Phone (_____) _____

Courses

Course # example: WRT101	Section example: CA01	Course Title	Instructor	Credits

Registration cannot proceed if there is a RESTRICTION or HOLD on your account.

**Students Not in a Degree or Certificate Program
 — Important**

- As a non-matriculated student, I acknowledge that I am allowed to take up to nine credits. (Certain exceptions based on program, alumni status or location may apply.)
- Although the courses I complete at Cambridge College as a non-matriculated student may be evaluated for acceptance into a Cambridge College program, I know that there is no guarantee that they will be accepted.
- As a non-matriculated student, I acknowledge that I will not have an academic advisor assigned. However, it is recommended that I seek academic advice from the dean, program chair or regional center director. Courses may not qualify for state licensure programs.

By signing, I acknowledge that I have read and understand the policies above and the implications for my academic goals.

Student signature
 on paper printout _____

Date _____

Demographic Information

Gender: Male Female Transgender Other

Are you Hispanic/Latino: Not Hispanic/Latino Hispanic/Latino

Please check off one or more of the following that best describes yourself:

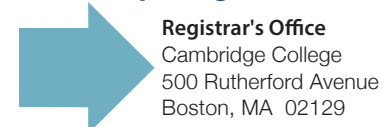
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Prefer to not respond

Country of birth: _____

Country of citizenship: _____

Are you a member of the U.S. Armed Forces? Yes No

After completing form submit it to:



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Or email to: registrar@cambridgecollege.edu
Or fax to: 617.242.0026