Cambridge College
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: Spring / Summer / Fall **Year:** _____

Student ID#

Your Cambridge College Location
X Boston (formerly Cambridge)
Lawrence Puerto Rico
Springfield Southern California

Student Information

Last name_____ First name _____ Middle name_____

Current Residence
Address_____ Apt_____ Phone_____ ☐ cell ☐ home ☐ work

City_____ State _____ Zip_____

E-mail *(required)* _____

Social Security number **(last 4 digits).** _____ Date of birth: Month _____ Day _____ Year _____

Courses

Course # example: WRT101	**Section** example: CA01	**Course Title**	**Instructor**	**Credits**
			Shaileen Crawford	

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:

Email this form to:
info@csforma.org