



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

Non-Matriculated Student Registration Form

For students not in a degree or certificate program

Student ID# _____

Your Cambridge College Location

- Cambridge Puerto Rico
 Lawrence Southern California
 Springfield Other _____

Term Fall Spring Summer Year: _____

Student Information

Last name _____ First name _____ Middle name _____

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

City _____ State _____ Zip _____ Work Phone / ext. (_____) _____

E-mail home work _____

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

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

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

Please check off one or more of the following races:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian/Other Pacific Islander
 White

Country of birth: _____

Country of citizenship: _____

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

After completing form submit it to:



Registrar's Office
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Or email to: registrar@cambridgecollege.edu

Or fax to: 617.349.3560