



Student name _____

Address _____

City _____ State _____ Zip code _____

Telephone _____ E-mail _____

SSN (last four digits) or Student ID _____

Degree program _____
Anticipated program start date _____
Anticipated graduation date _____
Enrollment status <input type="checkbox"/> Full time <input type="checkbox"/> Part time (4 credit minimum for P/T graduate students; 6 credit minimum for P/T undergraduate students)
Anticipated program length F/T _____ P/T _____

Please indicate, with a check mark, that the student:

- Has had an opportunity to tour the institution;
- Has received an institution catalog and/or instructions about how to access the catalog and Cambridge College policies online;
- Has received time and opportunity to review Cambridge College policies;
- Understands the length of the program in academic terms and actual calendar time;
- Has been informed of tuition fees; admission and graduation fees, and the estimate of book costs; and understands where to find itemization of College fees and the description of other potential fees relevant to the degree program in the catalog and online.
- Has been given a copy of the institutional cancellation policy and refund policy;
- Understands the Transferability of Credit Disclosure document;
- Understands the student's rights regarding the Cambridge College grievance procedure;
- I realize that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, 404 James Robertson Parkway, Nashville, TN 37243-0830, 615-741-5293

For the program entitled _____, I have been informed that, for the July 20___/June 20___ period, the withdrawal rate is ___%, the completion rate is ___%, and the in-field placement rate is ___%. Detailed statistical data for this program may be viewed by going to <http://state.tn.us/thec> and clicking on "Authorized Institutions Data" button.

Signature of student _____ Date _____

Signature of admissions counselor _____ Date _____