

# Non-Matriculated Student Registration Form

Student ID# \_\_\_\_\_

Registrar's Office  
 Cambridge College  
 500 Rutherford Avenue  
 Boston, MA 02129  
 Phone: 617-873-0101  
 Fax: 617-242-0026  
 registrar@cambridgecollege.edu

For students not in a degree or certificate program

Your Cambridge College Location  
 Boston                      Puerto Rico  
 Lawrence                  Southern California  
 Springfield                CCG  
 Other \_\_\_\_\_

Term    Fall    Spring    Summer    Year: \_\_\_\_\_

**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 \_\_\_\_\_

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 or electronic\* \_\_\_\_\_

Date \_\_\_\_\_

**\*Please see electronic signature options on the Registrar's web page.**

**Demographic Information**

Gender:    Male    Female    Non-binary/Third Gender    Prefer Not to Describe

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:**

 Registrar's Office  
 Cambridge College  
 500 Rutherford Avenue  
 Boston, MA 02129

**Or email to:** registrar@cambridgecollege.edu

**Or fax to:** 617-242-0026