Cambridge College

Welcome back to Cambridge College!

1. Please provide the following information:

» **Name:** _____ » **Student ID** (CCID): _____

» **Phone number:** _____ ☐ Mobile ☐ Home ☐ Work

» **Email address:** _____ ☐ Personal ☐ Work

_____   _____
Street address   *Apartment number*

_____   _____   _____
City   *State*   *Zip-code*

2. Please read the following important updates to College policy and initial each.

1. _____ I understand that it is my responsibility to maintain good standing with Cambridge College.

2. _____ I understand that I am required by the state of Massachusetts to have **comprehensive medical insurance** if I am studying 3/4-full time (9 credits for undergraduate, 6 credits for graduate).

3. _____ I understand that, if I have comprehensive health insurance independent of Cambridge College, I am **required to waive** my Cambridge College health insurance plan online via MyCC, by the deadline in both my **first term of study** and **every subsequent Fall term**.

   ☐ I have independent health insurance and need to waive my Cambridge College health insurance. I understand that I will be billed for Cambridge College insurance if I do not waive by the deadline.

   ☐ I do NOT have independent health insurance. I understand that, if I am registered 3/4 to full-time, I will be charged for Cambridge College health insurance.

4. _____ I understand that, if I fail to waive my Cambridge College health insurance <mark>by the deadline in both my first term of study and every subsequent Fall term</mark>, I will be charged the full amount for health insurance, and will be **responsible for paying that amount** before I can register for future terms.

5. _____ I understand that I am required to activate and check my **Cambridge College email**. My email address is: _____ . _____ _____ @go.cambridgecollege.edu.
                     First name   *Last name*   *Last two digits of your CCID*

7. _____ I understand that, if I am an international student who needs to receive an I-20 from Cambridge College, I must contact the International Student Office at international@cambridgecollege.edu for instructions on applying for a new I-20.

   ☐ I am an international student in F1 status and need a **Cambridge College I-20**.

   ☐ I **do not** need an I-20 for F1 status through Cambridge College.

3. Please sign. *By signing this form, you confirm that you are the student named above, and that you have read and understand all of the information contained in this form.*

_____   _____
Signature   *Date*