



Today's Date

Month	Day	Year
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Desired Entry Date

<input type="checkbox"/> Summer Term	<input type="checkbox"/> Fall Term	<input type="checkbox"/> Spring Term	Year
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**For office use only**

Date \_\_\_\_\_

Type of payment \_\_\_\_\_

Counselor \_\_\_\_\_

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

### Academic program desired

Program title (print clearly) \_\_\_\_\_

### Full time or part time study

**Full time study**  
Undergraduate: 12 credits/term  
Graduate: 8 credits/term

**Part time study**

### Degree desired

Bachelor's degree

Master of Education

Master of Management

CAGS

EdD: please request separate application

Undecided

### Non-degree study

Taking individual courses

Undergraduate certificate

Graduate certificate (not CAGS)

Other \_\_\_\_\_

### Cambridge College Center

Cambridge, MA     Memphis, TN

Augusta, GA     Merrimack Valley, MA

Chesapeake, VA     San Juan, PR

Inland Empire, CA     Springfield, MA

Other \_\_\_\_\_

### Personal & Contact Information

(your documented legal name as it would appear on your academic records)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

PLEASE PRINT CLEARLY

Preferred mode of communication     phone     e-mail

Home telephone \_\_\_\_\_

Former name if applicable \_\_\_\_\_

Alternate telephone     cell     work \_\_\_\_\_

E-mail     home     work \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Birth Date	Month	Day	Year
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Social Security Number	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Are you     Female or     Male ?

*All data provided will be kept confidential. Social security number is not a condition of enrollment, but if not provided there may be delays because of legal reporting requirements. SSN is needed for students entering licensure programs.*

*Colleges are asked by government agencies, accrediting associations, college guides, newspapers, and their own college communities, to describe the demographic profile of their students. Your responses will be used only for statistical purposes and will be kept confidential.*

### Is English your primary language?

Yes     No—please specify below: \_\_\_\_\_

### Do you consider yourself to be of Hispanic, Latino or Spanish origin?

Yes     No

### Please check one or more of the following categories to describe yourself:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

### What is the highest level of education either of your parents completed?

Below high school or unknown

Some high school

High school diploma or GED

Some college but no degree

Associate's degree

Bachelor's degree

Master's degree

Doctorate/professional degree

### How did you learn about Cambridge College?

Subway or bus poster\*     Info session\*

Newspaper/magazine ad\*     Radio ad\*

Online ad or web site\*     Mailed brochure\*

Student/alumnus referral\*     Other\*

\*Please specify: \_\_\_\_\_

### Professional Work Experience

Currently employed    Specific \_\_\_\_\_

or most recent position    job title \_\_\_\_\_

Field of current occupation \_\_\_\_\_

Your employer \_\_\_\_\_

Employer address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Years at this position	_____	_____
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Total years of professional work experience	_____	_____
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### Citizenship

Country of citizenship:     U.S.     Other \_\_\_\_\_

Country of birth \_\_\_\_\_

**Educational History** Official transcript must be sent directly from the institution to Cambridge College.

CAGS applicants: please list and provide official transcripts of both your bachelor's and master's degrees.

- High school diploma       Bachelor's degree       CAGS
- GED                               Master's degree       Other
- Associate's degree

Major/field of study \_\_\_\_\_

High School or College/university \_\_\_\_\_ location \_\_\_\_\_ dates (from/to) \_\_\_\_\_ degree completed \_\_\_\_\_

College/university \_\_\_\_\_ location \_\_\_\_\_ dates (from/to) \_\_\_\_\_ degree completed \_\_\_\_\_

**Undergraduate applicants:** Have you ever attended another college/university?  Yes  No  
Are you requesting evaluation of transfer credit?  Yes  No

**Transcripts for Transfer Credit Evaluation** Please list all accredited colleges you attended and request **official transcripts (must be sent directly from the institution to Cambridge College).**

College/university \_\_\_\_\_ location \_\_\_\_\_ dates (from/to) \_\_\_\_\_ credits earned \_\_\_\_\_

College/university \_\_\_\_\_ location \_\_\_\_\_ dates (from/to) \_\_\_\_\_ credits earned \_\_\_\_\_

College/university \_\_\_\_\_ location \_\_\_\_\_ dates (from/to) \_\_\_\_\_ credits earned \_\_\_\_\_

Please note: \_\_\_\_\_ total credits \_\_\_\_\_  
 International transcripts must be translated and evaluated by authorized agencies  Quarter-hours  
 Course descriptions or syllabi also required for transfer of required graduate courses  Semester-hours

**School of Education Applicants — Licensure/Certification**

**Current license/certificate you have now**

Yes, describe below; photocopy required.  None

License number \_\_\_\_\_

State \_\_\_\_\_

Subject area \_\_\_\_\_

Grade Level \_\_\_\_\_

Preliminary  Initial  Professional  Temporary

Other \_\_\_\_\_

**License/certificate you wish to earn**

Yes, describe below  None

State \_\_\_\_\_

Subject area \_\_\_\_\_

Grade Level \_\_\_\_\_

Preliminary  Initial  Professional  Temporary

Other \_\_\_\_\_

**Read carefully and sign**

**Financial Aid** Are you applying for financial aid?  Yes  No If yes, please call the Financial Aid Office at 617-873-0440. If you have defaulted federal loans, you cannot receive government loans unless satisfactory arrangements have been made with the holder of the defaulted loan. You must fill out a financial aid application (FAFSA) in order to be considered for a scholarship or loan. Cambridge College verifies student information supplied on the FAFSA.

**I certify** that I have read and understand the information in this application booklet and that the information I have supplied is true and complete to the best of my knowledge. Students found to have supplied false information will be denied admission or, if admitted, face immediate disenrollment.

**Applicants are responsible** for reading the academic catalog and getting all the information needed to make informed decisions.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please note:** Occasionally photos and videos are taken of classes and other College activities to show others what they are like. I hereby give Cambridge College permission to use such images of myself in College activities for public relations, marketing, and other purposes.

Signature \_\_\_\_\_  
(optional)

**U.S. Armed Forces**


**I am:** \_\_\_\_\_

- A veteran
- On active duty
- A reservist
- A dependent

**Branch:** \_\_\_\_\_

- Air Force
- Army
- Coast Guard
- Marines
- Navy

**Please enclose application fee and mail to:**

 Your admissions counselor  
Cambridge College  
Chesapeake Regional Center  
1403 Greenbrier Pkwy, Ste 300  
Chesapeake, VA 23320