



Please PRINT CLEARLY and fill out COMPLETELY

Today's Date

Month	Day	Year			

Desired Entry Date

<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring		
Term	Year			

For office use only

Date _____

Type of payment _____

Counselor _____

Student ID _____

Regional Center

Chesapeake, VA

So. Boston, VA

Other _____

Academic program desired

Write program title _____

Full time study

Undergraduate: 12 credits/term
Graduate: 8 credits/term

Part time study

Degree desired

- Bachelor's
- Master of Education
- Master of Management
- CAGS

Non-degree study

- Special student taking single courses
- Other _____

Personal & Contact Information

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

Last name _____ First name _____ Middle initial _____

Home phone (_____) _____ Former name if applicable _____

Alternate phone (cell work) (_____) _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Country _____

E-mail (home work) _____

Birth Date

Month	Day	Year			

 Social Security Number

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All data provided will be kept confidential. Social security numbers are not a condition of enrollment, but if not provided there may be delays because of legal reporting requirements.

Professional Work Experience

Please attach current résumé

Present or most recent position; Please be specific _____ currently employed not now employed

Your employer _____

City _____ State _____

Years at this position

--	--

 Total years of professional work experience

--	--

Citizenship ♦ Permanent Residence ♦ International Students

Country of citizenship: U.S. Other _____

Country of birth _____

Non-U.S. citizens:

I am a U.S. permanent resident. Photocopies of U.S. permanent resident card required (both sides). Number _____

I am NOT a U.S. citizen or U.S. permanent resident. Current U.S. visa type _____

Please also complete the international student information & I-20 request form

Optional For Our Statistics Please

Your responses will be used ONLY for statistical purposes; all data will be kept confidential. Cambridge College is committed to diversity. Your answers will assist us in evaluating our success in achieving this goal.

Your gender Female Male

Is English your primary language?

Yes No (please specify below)

Please indicate the group you most identify with.

Your answers provide data to the federal government in compliance with Title VI, which specifies the groups listed below.

- Asian or Pacific Islander
- Native American
- Black, non-Hispanic
- White, non-Hispanic
- Hispanic
- Other/Unknown

How did you find Cambridge College?

- Subway or bus poster
- Newspaper ad
- Radio or TV ad
- Mailed ad or brochure
- Friend or co-worker
- Cambridge College web site
- Cambridge College student/alumnus
- Billboard
- Other; please comment: _____

Income range

- 0-\$14,999
- \$15,000-\$29,999
- \$30,000-\$44,999
- \$45,000-\$59,999
- \$60,000-\$74,999
- \$75,000 or more

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

Undergraduate applicants: notarized high school diploma acceptable; official high school or college transcript preferred.
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

Transcripts for Transfer Credit Evaluation *Please list all accredited colleges where you earned credits that you want evaluated for transfer, 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 You Hold

If you have a current educator license/teaching certificate, please enclose a photocopy.

Are you a licensed/certified educator? Yes No

Number _____ State _____

If yes, in what area(s)? _____

Grade Level Preliminary Initial Professional Temporary

Other _____

Thank You!

We would like to acknowledge your application. Please check your tee-shirt size:

Medium XX-Large

Large XXX-Large

X-Large

Read carefully and sign

Financial Aid Are you applying for financial aid? Yes No If yes, please call the Financial Aid Office at 1-800-877-4723 ext.1440. Students who have defaulted federal loans cannot receive government loans unless satisfactory arrangements have been made with the holder of the defaulted loan. Cambridge College verifies student information supplied on the financial aid application (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.

Signature _____ Date _____

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)

Please enclose application fee and bring or send to:



Cambridge College
Virginia Regional Center
1403 Greenbrier Pkwy, Ste 300
Chesapeake, VA 23320