



Cambridge College

Registration Form Puerto Rico Instructional Site

Semester: Summer 20 _____ Fall 20 _____ Spring 20 _____

Program: IMED NITE MED

ID # _____ Last Name _____

First Name _____ M.I. _____ Gender M F Birth Date _____ Age _____

Place of Birth (City/State/Country) _____ Country of Citizenship _____ Date of Entrance to Camb.College _____

Current Address (Street & Apt. No.) _____

_____ City _____ State/Zip _____

Home Phone (____) - ____ - _____ Cel Phone (____) - ____ - _____ Work Phone (____) - ____ - _____

E-mail Address _____

Last School or College Attended _____ Withdrawal Date _____

Previous Degree _____ Major _____ Institution _____ Date Received _____

Employer _____

Complete Address _____

City _____ State /Zip _____ Job Title _____

COURSE #	COURSE TITLE	INSTRUCTOR	# OF CREDITS

Some of the information requested here is to be used for student profiles, HEGIS and HEW reporting which is required in order to receive Federal Financial Aid and transcript information. Indicate specifically, which information requested on this page should not be published in a student directory. The Cambridge College Student Directory is not intended for publication and is printed for internal college use only and shall not be available to an unauthorized party. The Directory include all current student names, home/work address and phone numbers, occupation, program status/major, seminar leader, anticipated graduation date.

Anticipated Graduation Date Fall 20 _____ Spring 20 _____ Summer 20 _____

STUDENT'S SIGNATURE _____ DATE _____

This certifies the student completed the registration documentation process for _____ credits at a cost of \$ _____ per credit at a total cost of credits of \$ _____

Authorized Site Officer _____ Date _____