



Registrar's Office
 Telephone: 617-868-1000 ext. 1101
 Direct line: 617-873-0101
 Fax: 617-349-3560

Registration Form

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

Student ID#
SSN (optional)
Your Cambridge College Location
<input type="checkbox"/> Cambridge, MA <input type="checkbox"/> Lawrence, MA <input type="checkbox"/> Augusta, GA <input type="checkbox"/> Memphis, TN <input type="checkbox"/> Chesapeake, VA <input type="checkbox"/> NITE <input type="checkbox"/> Inland Empire/ Ontario, CA <input type="checkbox"/> San Juan, PR <input type="checkbox"/> Springfield, MA

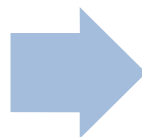
Student Contact Information		
Last name	First name	
PLEASE PRINT CLEARLY		
Home telephone ()		
Cell phone ()		
Work phone / ext. ()		
E-mail <input type="checkbox"/> home <input type="checkbox"/> work		
Address	Apt	
City	State	Zip

Course # example: WRT101	Section example: CA01	Course Title	Instructor	Credits

Registration cannot proceed if there is an Admissions or Business Office HOLD.

Signature	Date
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After completing this form mail to:



Registrar's Office
 Cambridge College
 1000 Massachusetts Avenue
 Cambridge, MA 02138

Or fax to: 617-349-3560