



Registration Form

Please PRINT this form and complete fully ( Please write clearly)

Semester

Summer 20 Fall 20 Spring 20

Student ID# Location:

UNDERGRADUATE PROGRAMS

- BA/Psychology
BA/Multidisciplinary
BS/Human Services
BS/Management Studies
Medical Interp. Training

MASTER OF MANAGEMENT

- MM/Management
Access/Management

OTHER

- AL/ALUM
SS/SC/SCHOOL COLLABORATIVE
OTHER

COUNSELING PSY M.Ed.

- Psychological Studies
Counseling Psy/36
Counseling Psy/Forensic
School Guidance
Counseling Practice
Mental Health Counseling
School Adjustment
Addiction Counseling
Mental Health/Addiction
School Adjustment /Mental Health/Addiction

CAGS/CP

M.Ed. Licensure

- Early Childhood Teacher
Elementary Teacher
General Science 1-6
General Science 5-8
Health/Family&Consum Sci
Instructional Technology
Library Teacher
Mathematics 1-6
Mathematics 5-8
Mathematics 8-12
School Administration
Teacher of ELLs
Special Education

M.Ed. without Licensure

- Education
Interdisciplinary Studies
Literacy Ed
Individualized M.Ed
IM.Ed/Humane Ed
School Nurse Ed
School Nurse Ed/Access
Math Ed
Science Ed

CAGS/EDUCATION

- School Administration
Curriculum/Instruction
Special Education

SS# Last Name

First Name M.I Gender M F

Country of Citizenship Birth Date Age

Place of Birth (City/State/Country)

Date of Entrance to Camb. College

Current Address (Street & Apt. No.)

City State/Zip Home Phone

E-mail Address

Ethnic:

1.  Non-Resident Alien      2.  Black, Non-Hispanic      3.  American Indian or Alaskan Native  
 4.  Asian or Pacific Islands      5.  Hispanic      6.  White, Non-Hispanic

Last School or College Attended \_\_\_\_\_

Withdrawal Date \_\_\_\_\_ Previous Degree \_\_\_\_\_ Major \_\_\_\_\_

Institution \_\_\_\_\_ Date Received \_\_\_\_\_

Employer \_\_\_\_\_

Complete Address \_\_\_\_\_

City \_\_\_\_\_ State /Zip \_\_\_\_\_ Work Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Job Title \_\_\_\_\_

**COURSE SELECTION**

<b>COURSE #</b>	<b>COURSE TITLE</b>	<b>INSTRUCTOR</b>	<b># OF CREDITS</b>

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.

**1974 Privacy Act Restriction Box-** Indicate specifically, on the line provided below, which information requested on this page should not be published in a student directory.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 includes all current student names, home/work address and phone numbers, occupation, program status/major, seminar leader, anticipated graduation date.

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**Anticipated Graduation Date:**

Summer 20\_\_\_\_  Fall 20\_\_\_\_  Spring 20\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**After printing and filling out this form, send by fax or mail**

**OFFICE OF THE REGISTRAR  
1000 Massachusetts Avenue  
Cambridge, MA USA 02138-5304  
FAX: (617) 349-3560**

**REGISTRATION IS FINALIZED WHEN A STUDENT RECEIVES CLEARANCE FROM THE  
BUSINESS OFFICE AND A PRINTED CONFIRMATION IS ISSUED FROM THE REGISTRAR.**

[←Go Back](#)