



**Office of Admissions**  
 500 Rutherford Avenue  
 Boston, MA 02129  
 Phone: 1-800-829-4723

*Your Cambridge College Location*  
 Boston (formerly Cambridge)  
 Lawrence     Puerto Rico  
 Springfield     Southern California

## Confirmation of Intent to Enroll

We are pleased to confirm your acceptance for admission to Cambridge College. Please complete this enrollment form and return it within 14 calendar days of receiving your acceptance letter.

### Student Information

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

Current Residence:  
 Address \_\_\_\_\_ Apt \_\_\_\_\_ Date of birth: (MM/DD/YY) \_\_\_\_\_

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

Home phone \_\_\_\_\_ Academic Program \_\_\_\_\_

Cell phone \_\_\_\_\_ Full-time/Part-time study. Please check one.

E-mail \_\_\_\_\_  Full time student:  
 Undergraduate: 12 credits or more per term.  
 Graduate: 8 credits or more per term.

Part time student: fewer credits per term.

**I hereby confirm my intent to enroll at Cambridge College for the**  Fall  Spring  Summer Year: \_\_\_\_\_

**Student signature** \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

**Please complete, sign, and return to:**



Cambridge College Admissions  
 500 Rutherford Avenue  
 Boston, MA 02129

**Or scan and email to:**  
[admissionsoperations@cambridgecollege.edu](mailto:admissionsoperations@cambridgecollege.edu)

**Or fax to:** 617.242.0039