Non-Matriculated Student Registration Form

For students not in a degree or certificate program

Term: □ Fall □ Spring □ Summer Year: __________

Student Information

Last name __________________________ First name __________________________ Middle name __________________________

Current Residence: ______________________ Apt __________ Phone __________ cell __________

City __________________________ State __________ Zip __________________________ Work Phone / ext. (__________) __________________________

E-mail: □ home □ work __________________________________________________________________________________________

Social Security number __________________________ Date of birth: Month __________ Day __________ Year __________

Courses

<table>
<thead>
<tr>
<th>Course # example: WRT101</th>
<th>Section example: CA01</th>
<th>Course Title</th>
<th>Instructor</th>
<th>Credits</th>
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Registration cannot proceed if there is a RESTRICTION or HOLD on your account.

Students Not in a Degree or Certificate Program — Important

- As a non-matriculated student, I acknowledge that I am allowed to take up to nine credits. (Certain exceptions based on program, alumni status or location may apply.)

- Although the courses I complete at Cambridge College as a non-matriculated student may be evaluated for acceptance into a Cambridge College program, I know that there is no guarantee that they will be accepted.

- As a non-matriculated student, I acknowledge that I will not have an academic advisor assigned. However, it is recommended that I seek academic advice from the dean, program chair or regional center director. Courses may not qualify for state licensure programs.

By signing, I acknowledge that I have read and understand the policies above and the implications for my academic goals.

Demographic Information

Gender: □ Male □ Female □ Transgender

Are you Hispanic/Latino: □ Not Hispanic/Latino □ Hispanic/Latino

Please check off one or more of the following races:
□ American Indian or Alaska Native
□ Asian
□ Black or African American
□ Native Hawaiian/Other Pacific Islander
□ White

Country of birth: __________________________________________

Country of citizenship: ______________________________________

Are you a member of the U.S. Armed Forces? □ Yes □ No

After completing form submit it to:

Registrar's Office
Cambridge College
500 Rutherford Avenue
Boston, MA 02129

Or email to: registrar@cambridgecollege.edu
Or fax to: 617.349.3560

Student ID#

Your Cambridge College Location
□ Cambridge □ Puerto Rico
□ Lawrence □ Southern California
□ Springfield □ Other_______________

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