

Registration Form

Student ID# _____

Registrar's Office

 Cambridge College
 500 Rutherford Avenue
 Boston, MA 02129
 Phone: 617.873.0101
 Fax: 617.242.0026
 registrar@cambridgecollege.edu

Term Fall Spring Summer Year: _____

Your Cambridge College Location

-
- Boston (formerly Cambridge)
-
-
- Lawrence
-
- Puerto Rico
-
-
- Springfield
-
- Southern California

Student Contact Information

PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Last name	First name	Middle name
Current Residence: Address	Apt	Phone <input type="checkbox"/> home <input type="checkbox"/> cell ()
City	State	Zip
Work Phone / ext. ()		
Cambridge College e-mail		

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

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

AFTER Add/Drop Deadline

Late registration fee is charged.

Get signature* or attach printouts of email indicating approval to REGISTER for the course(s) above.

Academic dean or regional center director _____

*Signature not required for students not in a certificate or degree.

Financial aid—Please contact Student Financial Services to find out the effect your add/drop will have on your financial aid. It may change your aid for the term. Students are responsible for any funds that are cancelled, including any refunds already received.

See Policies
www.cambridgecollege.edu/add-drop-policy
www.cambridgecollege.edu/bursar/adding-dropping-courses
See back of this printed form (page 2 of pdf) and read carefully.
Both items below must be checked and you must sign before we can process your add/drop/withdraw.

-
- All students: I have read, understand and agree to the Student Acknowledgement of Financial Obligation
-
-
- Students attending MA locations: I have read, understand, and agree to the Student Health Insurance Requirement

By signing, I acknowledge that I understand the relevant policies and the effect of these changes on my financial aid and tuition liability, and still request to Add/Drop/Withdraw from my courses as listed on this form.

Student signature on paper printout _____

Date _____

Submit completed and signed form to:

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

Or email to: registrar@cambridgecollege.edu

Or fax to: 617.242.0026

Registration Form • Courses: Add/Drop/Withdraw

STUDENT ACKNOWLEDGEMENT OF FINANCIAL OBLIGATION

Students will be required to acknowledge their financial obligation before formally participating in a semester. An electronic agreement of acknowledgment must be submitted before attending class for any given semester. Students will not be allowed to enroll until the electronic agreement is received.

Student Acknowledgement of Financial Obligation:

- By my Enrollment at Cambridge College I acknowledge that I am receiving an educational benefit and that the costs associated with that benefit are payable upon the published date specified.
- By registering and checking in for classes at Cambridge College, I acknowledge financial responsibility for the confirmed courses resulting from this registration; tuition and all fees assessed to my student account. I also accept responsibility for any additional costs related to my enrollment including, but not limited to, room, board, and additional credited courses, penalties from withdrawals and other department or college charges.
- I understand that balances due as a result of loss/reduction of financial aid, or other credits originally anticipated, due to ineligibility, attendance, incomplete paperwork, etc., will be my responsibility to pay.
- I understand that Cambridge College will place a Bursar Hold on my account if I have not made payment on a timely basis for services received or other transactions. The Bursar Hold will prevent future registrations, receiving official transcripts or diplomas, residing in the resident halls, or any other college service.
- Should it be necessary for Cambridge College to place my account with a collection agency, I acknowledge that I will be liable for all reasonable collection agency fees up to 40%, in addition to attorney fees and other applicable charges necessary for the collection of my debt. I acknowledge that contact will be made by written, verbal, electronic or manual calling methods to telephone numbers and addresses associated with my account currently or in the future. I also acknowledge that telephone calls regarding my account may be recorded to assure quality and/or other reasons. I acknowledge that Cambridge College reserves the right to report to credit bureaus.
- I authorize Cambridge College or its agents to contact me at the number listed during this registration on my cell phone or by automated dialing.

All students: I have read, understand and agree to this Student Acknowledgement of Financial Obligation

HEALTH INSURANCE REQUIREMENT *Students attending Massachusetts locations*

Students attending Massachusetts locations are required by the State of Massachusetts to have health insurance if they are a graduate student taking six or more credits, or an undergraduate student taking nine or more credits. All international students are required to have health coverage regardless of the credit load they are taking. If a student is flagged for SEVIS, the health insurance charge is added.

Students are provided an opportunity to waive the health insurance if they have a qualified health plan. All student-owned health plans must be effective on the first day of the first month for which the term begins. (Fall coverage must be effective by Sept. 1, spring coverage must be effective by Jan. 1 and summer coverage must be effective June 1.) Students are required to submit proof of coverage using the online portal through Gallagher Koster, and the waiver request must be submitted by the established deadline. Should a student fail to submit the waiver request, does not have a plan that meets the state's minimum requirement, does not meet the effective date, or fails to provide substantiating documents as requested by the established deadline, the student is fully responsible for the cost of the health insurance charge.

By continuing into the registration process, you acknowledge that you have read the Health Insurance Requirement. You confirm that you understand the Health Insurance requirement and that you agree to abide by the terms. You agree to hold Cambridge College blameless and harmless in the event that you the student, do not abide by the established requirements and deadlines of the Health Insurance Requirements.

Students attending MA locations: I have read, understand, and agree to this Student Health Insurance Requirement