

Non-Credit Training & Development Registration Form—Springfield

Student ID# _____

 Your Cambridge College Location
 Springfield

Term Fall Spring Summer Year: _____

If you have a Cambridge College student ID number, please write it in above.

 Are you currently enrolled in a Cambridge College degree or certificate program? Yes No

Program (if applicable) _____

Student Information

Last name _____ First name _____ Middle name _____

 Current Residence: Address _____ Apt _____ Phone cell home (_____) _____

City _____ State _____ Zip _____ Work Phone / ext. (_____) _____

 E-mail home work _____

Social Security number _____ Date of birth: Month _____ Day _____ Year _____

Courses

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

Signatures

 on paper printout

Student signature _____

Date _____

Program Coordinator signature _____

Date _____

Payment Type

- Voucher
 Credit card
 Check/money order

Sponsoring Organization (if applicable) _____

Demographic Information

Gender: Male Female Transgender Other

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

Please check off one or more of the following that best describes yourself:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian/Other Pacific Islander
 White
 Prefer to not respond

Country of birth: _____

Country of citizenship: _____

Are you an **active member of the U.S. Armed Forces?** or **veteran?**

After completing form submit it to:



Cambridge College Springfield
 1500 Main Street
 PO Box 15229
 Springfield, MA 01115

Or email to: hospitality@cambridgecollege.edu
Or fax to: 413.747.0613

Internal use only

Cohort code _____