

Non-Credit Training & Development Registration Form—PMP/CAPM

Student ID# _____

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

Your Cambridge College Location
 Boston (formerly Cambridge)

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

Student Information

Last name _____ First name _____ Middle name _____

Current Residence: _____ 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	Course Start Date
TPM 001		PMP Exam Preparation Course	

Signatures

 on paper printout

Student signature _____

Date _____

Program Coordinator

Signature (required only if currently a CC student) _____

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:



Registrar's Office
 Cambridge College
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 Boston, MA 02129

Or email to: registrar@cambridgecollege.edu

Or fax to: 617.242.0026

Internal use only

Cohort code _____ **PMP** _____