

High School Fall 2020 Initiative Non-Matriculated Registration Form

For students not in a degree or certificate program

Fall Term: ☐ Session 1 ☐ Session 2

Student Information

PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Last name _____ First name _____ Middle name _____

Current Residence:

Address _____ Apt _____ Phone (_____) _____

City _____ State _____ Zip _____

Current High School: _____

E-mail (*required*) ☐ home ☐ work _____

Social Security number (*optional*) _____ Date of birth: Month _____ Day _____ Year _____

Emergency contact:

Name _____ Relationship _____ Phone (_____) _____

Courses

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

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 an advisor in the School of Undergraduate Studies.

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

Student signature

on paper printout or typed: _____

Date _____

Parent or guardian signature (required if applicant is under 18)

on paper printout or typed: _____

E-mail address _____

Date _____

Demographic Information - OPTIONAL

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:

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian/
Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer to not respond |

Country of birth: _____

Country of citizenship: _____

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

After completing this form, email it to:



Registrar@cambridgecollege.edu

Registrar's Office
Cambridge College
617-873-0101