

Online High School Non-Matriculated Registration Form

For students not in a degree or certificate program

Term: Spring Summer Fall
Session: 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 _____

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:

neib-registrar@cambridgecollege.edu

Registrar's Office
 Cambridge College
 617-603-6916