G	Cambridge
	Cambridge College

# **Returning Student** Reinstatement

Student ID#\_\_\_\_

#### Your Cambridge College Location B

Boston	🗌 Puerto Rico
Lawrence	Southern California
Springfield	□ NEIB
	Other

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

### **Return or reapply?**

<b>REAPPLY</b> If you have been out of you must re-apply to a program and meet program requirements		Last term completed at Cambridge College Fall Spring Summer Year
Please contact Admissions at 1.800.829	9.4723 or admissions@cambridgecollege.edu.	Academic program/major
(This form not needed.)		
		First term back at Cambridge College
<b>RETURN</b> Requirements:		Fall Spring Summer Year
1. Absent for no more than four years 1	1 months	
2. Good academic standing		Expected graduation
3. No financial hold on your account		🗌 Fall 🗌 Spring 🗌 Summer Year
If you meet requirements, please:		
1. Fill out this form and submit to Regist	rar's Office.	
2. Get advising before you register for co program chair or academic dean.	ourses: Contact your academic advisor,	
	er institutions during an absence from the Colle at www.cambridgecollege.edu/transfer-credit	5
Student contact information	PLEASE PRINT CLEARLY and COMPLETE A	ALL INFORMATION
Last name	First name	Middle name
Current Residence:		
Address	Apt	Phone ()
City	State Zip	
Cambridge College email		

#### **Student Signature**

on paper printout or electronic	k 

Date \_\_\_\_

\*Please see electronic signature options on the Registrar's web page.

## After completing form submit it to:



500 Rutherford Avenue Boston, MA 02129

Or email to: registrar@cambridgecollege.edu Or fax to: 617.242.0026