

Non-Credit Training & Development Registration Form

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

Student ID# _____

Your Cambridge College Location

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Boston | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Lawrence | <input type="checkbox"/> Southern California |
| <input type="checkbox"/> Springfield | <input type="checkbox"/> NEIB |
| | <input type="checkbox"/> Other _____ |

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 PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Last name _____ First name _____ Middle name _____

 Current Residence:
 Address _____ Apt _____ Phone _____

City _____ State _____ Zip _____

 E-mail home work _____

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

Courses

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

Signatures
Student signature
 on paper printout or electronic* _____

Date _____

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

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:


Registrar's Office
 Cambridge College
 500 Rutherford Avenue
 Boston, MA 02129

Or email to: registrar@cambridgecollege.edu

Or fax to: 617.242.0026

Internal use only

Cohort code _____