

# Registration Form

**Registrar's Office**

1000 Massachusetts Avenue  
Cambridge, MA 02138  
Phone: 617.873.0101  
Fax: 617.349.3560

**Term**    Fall    Spring    Summer   Year: \_\_\_\_\_

Student ID# \_\_\_\_\_

Your Cambridge College Location

- |                                    |                                              |
|------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Cambridge | <input type="checkbox"/> Puerto Rico         |
| <input type="checkbox"/> Georgia   | <input type="checkbox"/> Southern California |
| <input type="checkbox"/> Lawrence  | <input type="checkbox"/> Springfield         |
| <input type="checkbox"/> Memphis   | <input type="checkbox"/> Virginia            |

**Student Contact Information**   PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Current Residence: \_\_\_\_\_ Apt \_\_\_\_\_ Phone  home  cell ( \_\_\_\_\_ )

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone / ext. ( \_\_\_\_\_ )

Cambridge \_\_\_\_\_  
College e-mail \_\_\_\_\_

| Course #<br>example: WRT101 | Section<br>example: CA01 | Course Title | Instructor | Credits |
|-----------------------------|--------------------------|--------------|------------|---------|
|                             |                          |              |            |         |
|                             |                          |              |            |         |
|                             |                          |              |            |         |
|                             |                          |              |            |         |
|                             |                          |              |            |         |

*Registration cannot proceed if there is an Admissions or Business Office HOLD.*

**AFTER Add/Drop Deadline get signature\*** or attach printouts of emails indicating approval to REGISTER for the course(s) above.

Academic dean or regional center director \_\_\_\_\_

\*signature not required for non-degree, special students.

**Student**  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**After completing form submit it to:**



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**Or fax to: 617.349.3560**