

# 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**  
 Boston (formerly Cambridge)  
 Lawrence      Puerto Rico  
 Springfield      Southern California

**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

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

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

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

E-mail  home  work \_\_\_\_\_

Social Security number \_\_\_\_\_ Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## Courses

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

## Signatures

on paper printout

**Student signature** \_\_\_\_\_

Date \_\_\_\_\_

**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  
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 Boston, MA 02129

**Or email to:** registrar@cambridgecollege.edu

**Or fax to:** 617.242.0026

*Internal use only*

Cohort code \_\_\_\_\_