



COURSE REGISTRATION FORM

Office of the Registrar - Cape Cod Community College - 2240 Iyannough Road, West Barnstable, MA 02668
1-877-846-3672 / 1-508-362-2131 / www.capecod.edu

Semester enrolling: Fall _____ Intersession _____ Spring _____ Summer _____

CCCC Student ID: _____

Degree/Certificate Seeking: _____ Non-Degree Seeking: _____

Student Legal Name: _____ Preferred First Name: _____

Complete the following if you are new to the College OR there have been changes to your information:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Primary Telephone (_____) _____ Alternate Telephone (_____) _____ Date of Birth ____ / ____ / ____

Social Security Number (Required for 1098 year-end tax reporting) _____ - _____ - _____

Are you a U.S. Citizen? Yes: _____ No: _____

Gender? Male: _____ Female: _____ Not Reported: _____

Are you a Veteran? Yes: _____ No: _____

Do you consider yourself to be Hispanic or Latino? Yes: _____ No: _____
(i.e., Cuban, South or Central American, or of other Spanish speaking culture or origin)

Please select one or more of the following groups in which you identify yourself as a member:

American Indian or Alaskan Native: _____
Asian: _____

Black or African American: _____
Cape Verdean: _____

Hawaiian Native or Pacific Islander: _____
White/Caucasian: _____

Options to register for courses:

1. **ONLINE Registration:** Enrolled or current students can view the course schedule and register for classes at CampusWeb. Cape Cod Community College's student online registration system as the academic calendar and policy permits. CampusWeb can be accessed through the College's homepage at <https://mycampusweb.capecod.edu/ics> using your My4Cs user name and password.
2. **Registrar's Office:** Bring this **Course Registration Form** in person to the Registrar's Office on or after the date noted below.

| Add Course # | Section # | Course Name | Days | Time | Prerequisite Validation Code ..*(Advising Use) |
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***Prerequisite Validation Codes: 1)Transfer Credit 2) CLEP/AP 3)CPT 4) SIS**

List only if prerequisite has been met through credit not reflected on the student record

| Drop Course # | Section # | Course Name | Days | Time | (Advising Use) |
|---------------|-----------|-------------|------|------|----------------|
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If a current student pre-registering, you may register ON or AFTER this date, _____ but NOT before.

Advisor's Signature: _____ Advisor's Name: _____

Student Signature:  _____ Date: _____

If you have not yet applied for admission to Cape Cod Community College and /or financial aid, we encourage you to do so.