



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: Connor Maher

Preferred First Name: Connor

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

Mailing Address: 69 Geraldine Rd

City: Cotuit State: MA Zip Code: 02635

Email Address: connormmaher@gmail.com

Primary Telephone (508) 6812118 Alternate Telephone (____) _____ Date of Birth 03 / 04 / 1992

Social Security Number (Required for 1098 year-end tax reporting) 012 - 76 - 2337

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)
CSC110	63	Computer Programming I: Java	T	6:30-9:30	
MAT195	63	Precalculus with Trigonometry	TR	6:30-9:30	

***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)

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.