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: ☐ Black or African American: ☐ Hawaiian Native or Pacific Islander: ☐
Asian: ☐ Cape Verdean: ☐ 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)

***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.