



Cape Cod Community College

2240 Iyannough Road, West Barnstable, MA 02668-1599

1. **Intended Semester of Entry** Fall 20__ Spring 20__
PLEASE PRINT OR TYPE

2. Full/Legal Name
(Including Jr, Sr, II, etc.)

Last First Middle initial (maiden/former name)

Email

3. Mailing Address

P.O. Box # or Number & Street

City/Town State Zip

Primary Tel. () _____ Secondary Tel. () _____

Landline Cell Work Landline Cell Work

4. Social Security Number

Male Female

*Required in order to receive 1098T tax statement and financial aid

5. Date of Birth

Month Day Year Age Place of Birth / State / Country

6. Citizenship

The college is authorized under federal law to enroll nonimmigrant students.

I am a US Citizen: Yes No
I am a Resident Alien/Refugee: Yes No
If yes, list Alien Registration # _____

I have applied for Resident Alien status: Yes No
(Attach a copy of I-797 Notice of Action form or a letter from attorney)

I am an International Student and would like to apply for an I-20/F-1 Visa Yes No
(Please contact the Admissions Office for additional requirements)

7. Race/ Ethnicity

Please help us comply with state and federal regulations by responding to the items at right. Note: This information has no bearing on admissions, employment, financial aid or other decisions; however, it allows us to apply for resources to help support our students.

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

b. Select **one or more** of the following racial groups to describe yourself:
 American Indian or Alaskan Native Asian Black or African American
 Cape Verdean Hawaiian Native or Pacific Islander White/Caucasian

8. I am a veteran, or current active duty member of the United States Armed Forces.

Yes No

9. Highest diploma or certificate(s) received

High School Diploma (HS) Associate in Arts (AA) Bachelor of Arts (BA)
 General Ed. Diploma (GED/HISET) Associate in Science (AS) Bachelor of Science (BS)
 Certificate (CRT) Masters (M)

10. Have you ever applied to this college?

Yes No If yes, _____
Semester Year

11. Have you ever registered for classes at this college?

Yes No If yes, _____
Semester Year

12. To be admitted to a degree or certificate program, you must have earned a high school diploma or a GED/HiSET. Students who graduated from a Massachusetts public high school since 2003 must have successfully completed all MCAS requirements.

You must submit an official high school transcript/GED/HiSET certificate ONLY IF you:

- Are a current high school senior, or
- Have not yet completed your HiSET coursework or examinations at the time you submit your application, or
- Are an applicant to a selective health program (Nursing, Dental Hygiene, Diagnostic Technician, Medical Assisting, Medical Interpreter or Paramedic), or
- Are an international applicant requiring an F-1 student visa (Please contact the Admissions Office for additional requirements)

High School last attended: _____

High School city/state: _____

Did/will you earn a High School diploma? Yes No

Did/will you earn a GED/HiSET? Yes No

Date of High School diploma or GED/HiSET certificate is/will be: _____ (month) _____ (year)

You must choose one of the following:

- I graduated from high school before the year 2003.
- I earned a GED/HiSET.
- I completed high school in the year 2003 or later and I met MCAS requirements.
- I completed high school in the year 2003 or later and I earned a Certificate of Attainment.
- I graduated in the year 2003 or later from a school that did not require MCAS.
(only private schools or public high schools outside of Massachusetts)

13. List all colleges or universities attended or attending. Please specify semester and years of attendance. Submit official transcripts of all previous post-secondary courses. Failure to list all colleges attended is grounds for rejection or dismissal.

1.	Name of school	Attended (month/year - month/year)	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State, Zip		Evaluate for transfer credit <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Name of school	Attended (month/year - month/year)	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State, Zip		Evaluate for transfer credit <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Name of school	Attended (month/year - month/year)	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State, Zip		Evaluate for transfer credit <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Name of school	Attended (month/year - month/year)	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State, Zip		Evaluate for transfer credit <input type="checkbox"/> Yes <input type="checkbox"/> No

14. How did you first become aware of Cape Cod Community College?

- | | |
|-----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> High school guidance counselor/teacher | <input type="checkbox"/> Newspaper ad |
| <input type="checkbox"/> CCCC alumnus | <input type="checkbox"/> Radio ad |
| <input type="checkbox"/> Human service agency | <input type="checkbox"/> CCCC Web site |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> CCCC admissions representative |
| <input type="checkbox"/> Pandora | <input type="checkbox"/> Other _____ |

15. We strongly encourage you to apply for Financial Aid. If you need assistance with your financial aid application or college financial aid planning, our Financial Aid Office staff is available to assist you.

- Please select the option below that best describes your plans to complete a FAFSA. This information will have no impact on your acceptance to the College. (Our FAFSA code number is 002168).
- I am prepared to complete the FAFSA.
 - I need help from the Financial Aid Office to complete the FAFSA.
 - I have already completed the FAFSA.
 - I do not plan to apply for financial aid.

16. My Ultimate Career Goal _____

17. Academic Offerings – **Please select the Academic Focus Area, Academic Program, or Academic Certificate Program to which you are applying. AA=Associate in Arts Degree AS=Associate in Science Degree**

ACADEMIC FOCUS AREAS

BEHAVIORAL/SOCIAL SCIENCE FOCUS (FABSF)

- History (AAHST)
- Human Services (AAHMS)
- Philosophy (AAPHI)
- Political Science (AAPSC)
- Psychology (AAPSY)
- Sociology/Anthropology (AASOC)

BUSINESS FOCUS (FABNF)

- Business Administration (ASBTS)
- Business Administration, Hospitality Management (ASHMC)
- Information Technology (ASINT)
- Information Technology, Admin. Assistant-General (ASITA)
- Information Technology, Admin. Assistant-Medical (ASITM)
- Information Technology, Security Penetration Testing (ASSPC)

EDUCATIONAL FOCUS (FABNF)

- Early Childhood Education-Career (ASECE)
- Early Childhood Education-Transfer (ASETC)
- Education (AAEDU)
- Elementary Education (AAEED)

FINE AND PERFORMING ARTS FOCUS AREA (FAPFP)

- Graphic Design (AAGPD)
- Visual Arts (AAART)
- Performing Arts (AAPFM)

HEALTH SCIENCE FOCUS AREA (FAHSF)

- Health Science (AAHSC)
- Dental Hygiene (ASDHY)
- Nursing - Day (ASNUR)
- Nursing - Evening (ASNUE)
even years only
- Nursing - LPN to RN (ASNLP)
must already be an LPN

HUMANITIES FOCUS AREA (FAHMF)

- Communications (AACOM)
- English (AAENL)
- General Studies (AAGEN)
- Liberal Arts (AALIB)
- Media Studies (AAMED)
- Modern Language (AAMLG)

PUBLIC SAFETY FOCUS AREA (FAPSF)

- Criminal Justice (ASCRJ)
- Fire Science (ASFSC)

STEM FOCUS AREA (FASTF)

- Aviation Maintenance Technology (ASAMT)
- Biology (AABIO)
- Chemistry (AACHM)
- Computer Science (AACSC)
- Engineering Technology & Advanced Manufacturing (ASEAM)
- Environmental Studies (AAENV)
- Environmental Technology (ASEVT)
- Mathematics (AAMAT)
- Physics (AAPHY)

Please select only one Academic Focus Area, Academic Program, or Academic Certificate Program
Academic Focus Areas are collections of academic programs that have common or related content. If you are interested in a specific area of study, but unsure of the specific program in which to enroll, an Academic Focus Area will provide the basic coursework shared between each related program.

ACADEMIC CERTIFICATE PROGRAMS

Short-term areas of study:

- Alcohol/Substance Abuse Counselor Assistant (CTADA)
- Alcohol/Substance Abuse Counselor II (CTADC)
- Bookkeeping Clerk (CTBKE)
- Computerized Accounting (CTCPA)
- Construction Technology* (CTCTH)
- Corrections (CTCOR)
- Customer Service (CTCSV)
- Fire Officer Development* (CTFOD)
- Graphic Design (CTGDC)
- Graphic Design Transfer Portfolio (CTGRD)
- Homeland Security (CTHLS)
- Human Services (CTHUS)
- Law Enforcement (CTLAW)
- Paralegal* (CTPAR)
- Visual Arts Transfer Portfolio (CTVAT)

ALLIED HEALTH

- Diagnostic Technician* (CTDTE)
- Medical Assisting (CTMEA)
- Medical Interpreter* (CTMIN)

EARLY CHILDHOOD EDUCATION

- Infant and Toddler (CTECI)
- Preschool (CTECP)

ENGINEERING

- Engineering Technology (CTENT)
- Green Design (CTGDE)
- Innovation & Entrepreneurship (CTEIE)
- Robotics & Manufacturing (CTRMA)

ENVIRONMENTAL TECHNOLOGY

- Coastal Zone Management* (CTCZM)
- Enviro. Site Assessment* (CTENS)
- Geographic Info. Systems* (CTGIS)
- Photovoltaic Technology* (CTEPT)
- Small Wind Technology* (CTESW)
- Solar Thermal Technology* (CTEST)
- Wastewater Management (CTWWM)
- Water Supply* (CTWAS)

HORTICULTURE

- Horticulture* (CTHOR)
- Landscape Const. Tech* (CTLCT)
- Landscape Maint. Tech* (CTLMT)
- Horticulture Technician* (CTHRT)

HOSPITALITY

- Culinary Arts (CTCAO)

INFORMATION TECHNOLOGY

- Administrative Assistant: General Office (CTITA)
- Administrative Assistant: Medical Office (CTITM)
- Application Specialist (CTITS)
- Database Design (CTITD)
- Medical Coding and Billing (CTMCB)
- Medical Receptionist (CTMER)
- Networking (CTNET)
- PC Service Technician (CTPST)
- Prog. for Computer Science (CTPCS)
- Web Design (CTITW)

18. MASSACHUSETTS COMMUNITY COLLEGES – IN-STATE TUITION ELIGIBILITY FORM

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip Code _____

SSN# or Student I.D. Number _____ Date of Birth _____

Are you a U.S. Citizen? Yes No **If NOT, please complete the following:**

Are you a Permanent Resident? Yes No (If yes, list alien registration #: _____)

If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail:

Please check the in-state or reduced tuition eligibility category that applies to you:

I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request. These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

- Valid Driver’s license
- Valid Car registration
- Mass. High School Diploma
- Record of parents’ residency for unemancipated person*
- Utility bills*
- Voter registration*
- Signed lease or rent receipt*
- Employment pay stub*
- State/Federal tax returns*
- Military home of record*
- Other _____

I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.

I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

I do not qualify for in-state tuition eligibility at this time.

Certification of Information: I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Applicant Signature: _____ **Date** _____

Parent/Guardian Signature (Applicant is Under 18 Years Old): _____ **Date** _____

DON’T STOP HERE . . .
Remember to complete and sign the application on page 6 of this form.

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

I have reviewed the above information in order to determine this individual's eligibility to receive the in-state tuition rate. Based on my review I have determined that this individual:

_____ IS eligible for the in-state tuition rate.

_____ IS **NOT** eligible for the in-state tuition rate.

_____ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel: _____ Date _____

19. Parent / Guardian 1

Name

Address City, State, Zip

Does your Parent /Guardian 1 have a bachelor's degree or higher? Yes No

20. Parent / Guardian 2

Name

Address City, State, Zip

Does your Parent /Guardian 2 have a bachelor's degree or higher? Yes No

21. INFORMED CONSENT:

The information requested in this application will be used and held in confidence under provisions General Law Chapter 66A for the purpose of determining your eligibility for admission to Cape Cod Community College. This information may be used by the various offices at the College and will become your permanent record maintained by the Registrar of the College. Any inquiries concerning the methods of holding data and types of data to be held or your rights to object should be directed to the Vice President of Academic and Student Affairs. All materials submitted become property of the College.

Photo/Video at Cape Cod Community College: Cape Cod Community College reserves the right to take photographs and videos of students, staff, and visitors, anywhere the College functions, and at all College-sponsored events. All images taken for or by the College are the property of Cape Cod Community College, a non-profit organization, and may be used for public information, marketing and promotional purposes.

I have read and understand the Informed Consent Statement above and agree to the uses of data therein.

PLEASE SIGN: Signature _____ Date _____

Send application to:
Admissions Office
Cape Cod Community College
2240 Iyannough Road
West Barnstable, MA 02668-1599

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act requires colleges and universities to publish an annual security report. The report contains information regarding campus security including such topics as: emergency procedures, crime prevention, law enforcement authority, crime reporting policies, sexual assault prevention, disciplinary procedures and other matters of importance related to security on campus. It also contains crime statistics for the previous three calendar years. You can find Cape Cod Community College's crime statistics online at www.capecod.edu/web/public-safety . To request a printed copy Jeanne Clery Disclosure report, please call 508-362-2131 ext. 4302 or stop by the Public Safety Office.

Affirmative Action

Cape Cod Community College is an Affirmative Action/Equal Opportunity employer. We encourage applications from individuals who will enrich and contribute to the cultural and ethnic diversity of our College. Cape Cod Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, genetic information or sexual orientation in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964 and other applicable statutes and College policies. Cape Cod Community College prohibits sexual harassment, including sexual violence.

Inquiries concerning the application of anti-discrimination laws may be referred to the Affirmative Action Coordinator, Title IX Coordinator, Coordinator of Disability Services, the Massachusetts Commission Against Discrimination or the United States Department of Education's Office for Civil Rights.

Inquiries may be directed to:

- Affirmative Action Office
1-508-362-2131, ext. 4306
- O'Neill Center for Disability Services
1-508-362-2131, ext. 4337
- Title IX Coordinator
1-508-362-2131, ext. 4618

Filing Complaints

For purposes of filing federal charges of discrimination under Title IX of the 1972 Educational Amendments, Section 508 of the 1973 Rehabilitation Act, or Title VI of the 1964 Civil Rights Act, students may contact:

- Federal Office for Civil Rights
- McCormack Post Office and Court House
- Post Office Square
- Boston, MA 02109

Cape Cod Community College, 2240 Iyannough Road, West Barnstable, MA 02668-1599

Criminal Offender Record Information (CORI) and Sex Offender Registry Information (SORI) Checks

In order for a student to be eligible to participate in an academic, community or clinical program that involves potential unsupervised contact with children, the disabled, or the elderly, the student may be required to undergo a Criminal Offender Record Information (CORI) check and/or a Sex Offender Registry Information (SORI) check. Students found to have certain criminal convictions or pending criminal actions will be presumed ineligible to participate in such activities. The College is authorized by the Commonwealth's Department of Criminal Justice Information Services, pursuant to Massachusetts General Laws, Chapter 6, Sections 167-178B, to access CORI records. Sex Offender checks shall be performed pursuant to Massachusetts General Laws, Chapter 6, Sections 178C-178P.

For more information regarding the College's CORI/SORI check process, please contact the Dean of Enrollment Management and Advising Services 508-362-2131 ext. 4315.