

Student ID# (if known): _____ Semester (Fall/Intersession/Spring/Summer): _____ Year: _____

Last Name: _____ Legal First Name: _____ Middle Initial: _____

Complete this section only if you are new to the College or if there have been changes to your information:

Social Security Number: (required for 1098 tax reporting) _____ - _____ - _____ Date of Birth: _____

Preferred First Name: _____ Email Address: _____

Gender: Male Female I do not wish to report Are you seeking a degree/certificate at CCCC? Yes No

Are you a US Citizen? Yes No Are you a Veteran? Yes No

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone Number: _____ Alternative Phone Number: _____

Do you consider yourself to be Hispanic or Latino? Yes No

Select one or more of the following groups of which you identify yourself as a member:

American Indian or Alaskan Native Black or African American Cape Verdean Asian

Hawaiian Native or Pacific Islander White/Caucasian

Options to register for courses:

1. Online registration: If you are currently enrolled, you can register for classes using CampusWeb as the academic calendar and policy permit.
2. Registrar's Office: Submit this completed form to the Office of the Registrar or email the form to registration@capecod.edu.

ADD					
Course #	Section #	Course Name	Days	Time	Advisor 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	Advisor Use

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

Student's Signature (Required): _____ Date: _____

**Advisor permission required for courses with a prerequisite.*