APPLICATION FOR ADMISSION

Cape Cod Community College

www.capecod.edu
Cape Cod Community College  
2240 Iyannough Road, West Barnstable, MA 02668-1599

1. Intended Semester of Entry

☐ Fall 20__  ☐ Spring 20__

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

Last                      First                      Middle initial (maiden/former name)

Preferred First 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

*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.

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.

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)  ☐ General Ed. Diploma (GED/HiSET)  ☐ Associate in Arts (AA)  ☐ Associate in Science (AS)  ☐ Certificate (CRT)  ☐ Bachelor of Arts (BA)  ☐ Bachelor of Science (BS)  ☐ 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, or Medical Interpreter), 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.

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<tr>
<th></th>
<th>Name of school</th>
<th>Attended (month/year - month/year)</th>
<th>Graduated ___ Yes ___ No</th>
<th>Evaluate for transfer credit ___ Yes ___ No</th>
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City, State, Zip

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

- High school guidance counselor/teacher
- CCCC alumnus
- Human service agency
- Friend or relative
- Social Media
- Pandora
- Newspaper ad
- Radio ad
- CCCC Web site
- Internet
- CCCC admissions representative
- Other _____________________

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, CT=Academic Certificate

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

- **FINE AND PERFORMING ARTS FOCUS AREA (FAFPF)**
  - 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 (ASNU)
  - Nursing - LPN to RN (ASNL)
  - must already be an LPN

- **HUMANITIES FOCUS AREA (FAHMF)**
  - Communications (AACOM)
  - English (AAENG)
  - General Studies (AAGEN)
  - Liberal Arts (AALIB)
  - Media Studies (AAMED)

- **PUBLIC SAFETY FOCUS AREA (FAPSF)**
  - Criminal Justice (ASCRI)
  - Fire Science (ASFSC)

- **STEM FOCUS AREA (FASTF)**
  - Aviation Maintenance Technology (ASAMT)
  - Biology (AABIO)
  - Chemistry (AACSC)
  - Engineering Technology & Advanced Manufacturing (ASEAM)
  - Environmental Studies (AAENV)
  - Environmental Technology (ASEVT)
  - Mathematics (AAMAT)
  - Physics (AAPHY)

**ACADEMIC CERTIFICATE PROGRAMS**

Short-term areas of study:
- Alcohol/Substance Abuse Counselor Assistant (CTADA)
- Alcohol/Substance Abuse Counselor II (CTADC)
- Architectural Drafting (CTADR)
- Bookkeeping Clerk (CTBKE)
- Computerized Accounting (CTCPA)
- Construction Management (CTCMG)
- Construction Technology* (CTCTH)
- Corrections (CTCOR)
- Customer Service (CTCSV)
- Fire Officer Development* (CTFOD)
- Graphic Design (CTGD)
- Homeland Security (CTHLS)
- Human Services (CTHUS)
- Law Enforcement (CTLAW)
- Paralegal* (CTPAR)
- Robotics & Manufacturing (CTRMA)

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

**AVIATION**
- Airframe (CTAMA)
- Power Plant (CTAMP)

**EARLY CHILDHOOD EDUCATION**
- Infant and Toddler (CTECI)
- Preschool (CTECP)

**ENVIRONMENTAL TECHNOLOGY**
- Coastal Zone Management* (CTCZM)
- Geographic Info. Systems* (CTGIS)
- Photovoltaic Technology* (CTEPT)
- Small Wind Technology* (CTESW)
- Solar Thermal Technology* (CTEST)
- Water Supply* (CTWAS)

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

**HOSPITALITY**
- Culinary Arts (CTCAO)

**INFORMATION TECHNOLOGY**
- Administrative Assistant: General Office (CTIT)
- Administrative Assistant: Medical Office (CTITM)
- Medical Coding and Billing (CTMCB)
- Medical Receptionist (CTMER)
- Networking (CTNET)
- PC Service Technician (CTPST)
- Program for Computer Science (CTPCS)
- Security Penetration Testing (CTSPT)
- 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 ☐ Utility bills* ☐ Employment pay stub*
☐ Valid Car registration ☐ Voter registration* ☐ State/Federal tax returns*
☐ Mass. High School Diploma ☐ Signed lease or rent receipt* ☐ Military home of record*
☐ Record of parents’ residency for unemancipated person* ☐ 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
O’Neill Center for Disability Services
1-508-362-2131, ext. 4337

Title IX Coordinator
1-508-362-2131, ext. 4618

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 170C-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.