



Dual Enrollment Application

Cape Cod Community College

2240 Iyannough Road, West Barnstable, MA 02668
774-330-4992 www.capecod.edu

Semester: Fall 20____ Spring 20____ Summer 20____

Section 1: STUDENT INFORMATION

All information is required unless otherwise stated within this application. **Please print.**

Name: _____
Last First Middle Initial

Mailing Address: _____ **Student Cell Phone:** _____
Street

Town/City State Zip

Gender: Male Female Non-Binary

Email Address: _____ **Date of Birth:** _____

High School: _____ **Anticipated Date of Graduation:** _____

Ethnicity (this question is optional):

The Office of Civil Rights directs us to gather, for reporting purposes only, the ethnic distribution of our students. This information is confidential and is not individually released. Please check all that apply:

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/African American
 Brazilian Native Hawaiian or Pacific Islander White/Caucasian

Parent/guardian educational background:

Parent/guardian #1:

Attended high school outside of United States HS Diploma/GED Associate degree Bachelor or higher

Parent/guardian #2:

Attended high school outside of United States HS Diploma/GED Associate degree Bachelor or higher

APPLICATION FOR GRANT AWARD

This section is required for students interested in applying for financial assistance.

Students will not be considered for funding if left blank. Applying does not guarantee an award.

CCCC may have some limited funds from the Commonwealth Dual Enrollment Partnership and from the Cape Cod Community College Whitehouse fund that can be used to help eligible students with the of one course. Eligible students will have financial need, be a first generation college student (neither parent has a bachelor's degree), and/or be a member of an underrepresented group at CCCC.

Household Size and Income:

Family Size: _____ Please include yourself, parents/guardians and siblings that live with you.

Total Household Income (Gross): \$ _____ \$ _____ \$ _____
Year or Month or Week

Section 2 - STATEMENTS OF UNDERSTANDING

Student: If accepted into the Dual Enrollment program, I agree to adhere to all rules, regulations, and requirements set by Cape Cod Community College and/or the Massachusetts Department of Higher Education. I understand that CCCC reserves the right to disclose my status as a high school student to CCCC faculty members. I hereby authorize Cape Cod Community College to release all correspondence regarding my enrollment in the Dual Enrollment program to my high school and to forward an official report of my grades to my high school. I understand that course-related costs including tuition, fees, and textbooks are not covered under the Dual Enrollment Program. **I understand that I must meet with a Dual Enrollment Counselor to register for my classes and that I cannot drop a class or withdraw from a class without first meeting with a Dual Enrollment Counselor.**

Signature of Student: _____ Date: _____

Parent/Guardian: I hereby grant permission for my child to apply to the Dual Enrollment Program at Cape Cod Community College. Should my child be accepted, I grant permission for him/her/them to enroll in courses at the College. **I understand that course-related costs including tuition, fees, and textbooks are not covered under the Dual Enrollment Program.** I understand that my student's CCCC academic records will be released to his/her/their high school for inclusion in his/her/their school records.

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____

Emergency Contact: _____ Emergency Phone: _____

Section 3 – GUIDANCE

Please schedule an appointment to meet with your school counselor and discuss your Dual Enrollment options/ requirements. **This entire page must be completed by a school official.**

Student's Name: _____ SASID: _____
(required)

Cumulative high school GPA*: _____ Expected Year of Graduation: _____

***A high school transcript must accompany this application**
***Written recommendation must accompany this application if GPA is below 2.5**

Minimum number of courses student may take at CCCC this semester: _____

Maximum number of courses student may take _____

Is the student eligible for free/reduced school lunch? Yes No

Please assist the above-named student in filling out the table below by making specific course recommendations. *To ensure appropriate course selections, students will not be registered for dual enrollment courses without school official consent, appropriate college placement test scores (if applicable), and completion of all course pre-requisites (if applicable).*

Course offerings can be found on CampusWeb by following this link: www.capecod.edu/courses
 Contact Dual Enrollment with questions - 774.330.4992

Subject	Fall	Spring	Summer
English <input type="checkbox"/> May consider Q Term/Accelerated Course	Recommended Required	Recommended Required	Recommended Required
Math <input type="checkbox"/> May consider Q Term/Accelerated Course	Recommended Required	Recommended Required	Recommended Required
Science <input type="checkbox"/> May consider Q Term/Accelerated Course	Recommended Required	Recommended Required	Recommended Required
History <input type="checkbox"/> May consider Q Term/Accelerated Course	Recommended Required	Recommended Required	Recommended Required
Elective <input type="checkbox"/> May consider Q Term/Accelerated Course	Recommended Required	Recommended Required	Recommended Required

To ensure appropriate course selections, students will not be registered for dual enrollment courses without school official consent, appropriate college placement test scores (if applicable), and completion of all course pre-requisites (if applicable).

Comments from Counselor: _____

School Official Signature: _____ Date: _____

School Official Name (Print): _____

Phone Number: _____ Email address: _____

High School Counselors may submit completed application and current high school transcript by email to: cocampbell@capecod.edu

MASSACHUSETTS COMMUNITY COLLEGES - IN-STATE TUITION ELIGIBILITY FORM

Last Name: _____ First Name: _____ MI: _____

SSN#: _____ 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 Number) : _____

If you are not a US 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 two (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
- 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.
- Utility bills
- Voter registration
- Signed lease or rent receipt*
- Employment Pay Stub
- State/Federal tax returns*
- Military home of record
- Other _____

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: _____ Date: _____
(Applicant is under 18 years old)

For Official Use Only - Do not write in this box

I have reviewed the above information to determine this person'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 information has been requested from the applicant:

Authorized College Personnel: _____ Date: _____