

### 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:**

**<https://campusweb.capecod.edu/ics/ClientConfig/CustomContent/coursesearch.html>**

Contact Dual Enrollment office for 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 [admissions@capecod.edu](mailto:admissions@capecod.edu), to the Admissions Office via fax to 508-375-4089 **OR** mail to:

**Admissions Office, Cape Cod Community College, 2240 Iyannough Road, West Barnstable, MA 02668**