

PROJECT FORWARD - CAPE COD COMMUNITY COLLEGE

APPLICATION CHECKLIST –Deadline April 25th, 2025

Please keep this checklist for your reference. It is essential to submit **ALL** of the specified information directly to the Project Forward Office. Once all information has been received, qualified applicants will then be scheduled for an interview with one of our staff members. Our Admissions Review Committee will make admissions decisions and acceptance letters will be mailed at that point. Application may be mailed through USPS or emailed. If emailing, please **do not** follow up with a hardcopy in the mail.

PROJECT FORWARD

Cape Cod Community College
2240 Iyannough Road
West Barnstable, MA 02668
774-330-4763

Email: projectforward@capecod.edu

- ___ Project Forward Application/Registration Form. ***DO NOT complete CCCC's application.***
- ___ High School transcripts and any college transcripts. Applicants with a GED should send copies of both the certificate and the test scores. *Transcripts may be forwarded to us from the sending school or from the student/parent.*
- ___ Most recent Neuro-Psychological report, including recent I.Q. test results (preferably the WAIS-R) with subtest scores, and personality assessment. Testing should include individualized diagnostic reading and math test results documenting grade level equivalents.
- ___ Most recent IEP (Individualized Educational Plan).
- ___ Recent photo (school photo, candid picture, etc.).
- ___ Brief autobiographical essay or paragraph written or typed by the student; can be dictated. Students usually write about their family, friends, experiences, etc.
- ___ Copy of Court-ordered Guardianship document – **if applicable.**
- ___ Family Profile/Medical History to be completed by Parent or Student.
THIS IS IN ADDITION TO THE PHYSICIAN'S EXAM FORM.
- ___ Most recent Physical Exam Report from the Dr.'s office.
Project Forward does not provide a form for the Dr.'s office to complete.
- ___ One written recommendation. We would prefer this to come from a *special educator, teacher, school counselor, or vocational rehabilitation counselor- no family members please.*
- ___ Employment/Volunteer History – If student has no work experience, please write N/A and submit.
- ___ Level of Support Questionnaire – please complete all three (3) pages.
- ___ Assumption of Risk/Liability Waiver Form, Medical Emergency Form, Authorization for Release of Info Form, Life Fitness Center Agreement (**completion required for all applicants**)
- ___ In State Tuition Eligibility Form (**completion required for all applicants**)
- ___ FERPA Consent/Revocation Form