



**Student ID#** (if known): \_\_\_\_\_ **Semester** (Fall/Intersession/Spring/Summer): \_\_\_\_\_ **Year:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Preferred First Name:** \_\_\_\_\_ **Social Security Number:** *(required for tax reporting)* \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Personal Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mobile Phone Number:** \_\_\_\_\_ **Alternative Phone Number:** \_\_\_\_\_

**Are you seeking a degree/certificate at CCCC?**      Yes      No

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

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

**Select your Sex at Birth:**      Female      Male      I do not wish to report

**Select your Gender Identity:**

- Female
- Male
- Transgender Female
- Transgender Male
- Non-binary
- I choose not to disclose
- Unknown

**Select your Preferred Pronouns:**

- He/Him/His
- He/Them
- She/Her/Hers
- She/Them
- They/Them/Theirs
- These listed pronounces do not apply to me
- I prefer not to answer

**Select the group(s) of which you identify as a member:**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Brazilian
- Cape Verdean
- Hawaiian Native or Pacific Islander
- White/Caucasian

Courses can be added before the published "last day to change a schedule" for term or semester					
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.

**Advisor's Name:** \_\_\_\_\_ **Advisor's Signature\*:** \_\_\_\_\_

**Student's Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\* Advisor signature indicates verification that the student has met the prerequisite(s).*

Submit this completed form as well as In-State Tuition Eligibility Form to the Office of the Registrar or email the forms to [registration@capecod.edu](mailto:registration@capecod.edu).