



# Tohono O'odham Community College

www.tocc.edu

For office use only

Year 20 \_\_\_\_

( ) Fall ( ) Spring

( ) S1 ( ) S2 ( ) S8wk

SID number:

## Application for Admission

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

email address: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ United States Citizen?  Yes  No

Are you a U.S. Veteran?  Yes  No Date of Birth Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Gender  Male  Female

Ethnic/Race Background:  American Indian/Alaska Native  Caucasian  Black (non-Hispanic)  Hispanic (Mexican American)   
 (Select One)  Asian/Pacific Islander  Other, Please Specify: \_\_\_\_\_

If you are a Native American, indicate your tribal affiliation: \_\_\_\_\_ Tribal Enrollment Number: \_\_\_\_\_

Marital Status:  Single  Married  Divorced Do you have a disability?  Yes  No   
 Type:  Hearing  Speech  Learning  Mobility  Vision

Admission Status:  New (never attended college)  Readmission (after absence)   
  Transfer (from another college or university)  Dual Enrollment (high school student)

Degree Seeking:  Associate's Degree  Certificate  Non-Degree Seeking Highest Grade Completed:  College Graduate  GED "   
  High School Graduate Pc o g"qh" Jki j"Uejqqn" \_\_\_\_\_ " " [ gct" I tcfwcvgf<" \_\_\_\_\_

Emergency Contact:   
 First name: \_\_\_\_\_ Last name: \_\_\_\_\_   
 City & State: \_\_\_\_\_ zipcode: \_\_\_\_\_ Phone: \_\_\_\_\_   
 District: \_\_\_\_\_ Community: \_\_\_\_\_   
 Relationship:  Parent  Guardian  Spouse  Other: \_\_\_\_\_

List all colleges, universities and technical schools attended:

Name of college/university	City/state	Date (from)	Date (to)	Degree Received

Have either of your parents earned a Bachelor's Degree?  Yes  No

I certify that the information above is true and correct to the best of my knowledge: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

How to submit: Drop off completed application at Student Services in I-We:mta Ki: building Main Campus; or, mail to PO Box 3129, Sells, AZ 85634, Attn: Student Services; or email application to jhazen@tocc.edu, or fax completed application to 520-383-8403.