

Tohono O'odham Community College

High School or Underage Student Enrollment Permission Form

Name:		SSN:		DOB:		
chool Name:	Gra	de: Gradua	ntion Date:	SAIS/ID Number:		
Vice-President of Stu Note: Students 16 years	ident Services/Design s of age or younger must	nee:	the TOCC VP of S	Student Services)	Date:	
ADMISSION STA	TUS:					
A Dual Enroll (Hig	hool graduate under ment student enrolle h School Signatures are	d at a high school required below)	ol and Tohono C			
Course Tit	le	Course	Number	Credit Hours		
tudent Signature		 Date	Parent or Guar	dian Signature (if un	der 18) Date	
High school academic yea NOTE: Thre determine the	an/Dual Enrollm approval is required part or during any session of the control of	rior to TOCC cou on if the TOCC co equal (1/2) of a hool course)	rse registration for the unit of the unit	or any classes taken sed for high school g it. (The High School	during the graduation credit. Counselor will	
Tohono O'odham Community College		ge Course	Course Equi		valent High School Course	
	Course Number		Co	ourse	Credit Hours	
Submit a new Year:	form for each semester. Fall	Fill in the appropria Spring			r this semester.	
	luating from high schools, please see your high				rm.	
	re above gives permis					
High School Counselor		_				