



# Tohono O'odham Community College

# Registration Transaction Form

Term you plan to enroll: Year: \_\_\_  Fall  Spring  Summer

Student ID Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month/Day/Year

Name: \_\_\_\_\_  
Last First MI

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Telephone number: \_\_\_\_\_  
Home \_\_\_\_\_  
Work \_\_\_\_\_

Check if the above address and/or telephone number have changed, or you have changed your Educational Program. Fill out a Change of Student Data form.

<b>Intent To Return (Check one)</b>		
<input type="checkbox"/> I intend to enroll in the next term.	<input type="checkbox"/> I am only enrolling in this term.	<input type="checkbox"/> I intend to return in a future term.

### Register/Add

Course Prefix	Course No.	Course Section	Credit Hours	Audit (√ if yes)	Class Day(s)	Class Time	Instructor's Signature* (after drop/add date)

### Drop/Withdraw

Course Prefix	Course No.	Course Section	Credit Hours	Instructor Signature* (non attendance prior to 45 <sup>th</sup> day)

#### Instructor Signature

\*Instructor's signature required after drop/add deadline or if student is registering for a class other than the recommended Compass Placement, and for instructor initiated withdrawals.

Tohono O'odham Community College is an equal opportunity, affirmative action employer and educational institution committed to excellence through diversity.

Reasonable accommodations, including materials in an alternative format, will be made for individuals with disabilities when a minimum of five working days advance notice is given. Please contact the Vice President of Student Service Office at 383-8401.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
TOCC Registration Official Date

Credit hours before transaction \_\_\_\_\_ Entered by \_\_\_\_\_  
Credit hours after transaction \_\_\_\_\_ Date \_\_\_\_\_

Registration Site \_\_\_\_\_