



**Tohono O'odham Community College**  
 San Carlos Apache College is a Course-Delivery Site  
 of TOCC



**Application for Admissions**

For Office Use Only Student ID#
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**Section 1: Applicant Information**

**Name**

Last:	First:	Middle:
What is your birth/maiden name?		Suffix:

**Identification**

Social Security Number:	Gender: Male or Female (Federal law requires this information for statistical reporting. Your response is required.)
Date of Birth:	

**Biographical Information**

Marital Status: Married / Single	Ethnicity: Hispanic/Latino or Not Hispanic/Latino
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Race:	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Asian	<input type="checkbox"/> White	

**Citizenship**

As of Spring 2009, because of some changes in the Department of Homeland Security guidelines, Tohono O'odham Community College has re-evaluated our college's guidelines for international applicants, Tohono O'odham Community College is not a SEVP approved school and cannot accept other non-immigrant students for regular admission.

Citizenship Status:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Nonresident Alien
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**Other Information**

Are you a United States Veteran?  Yes or  No

If you have a disability, please select what type of disability you have: (select all that apply)	<input type="checkbox"/> None	<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning
	<input type="checkbox"/> Mobility	<input type="checkbox"/> Speech	<input type="checkbox"/> Vision

**Tribal Affiliation**

What tribe are you enrolled in? _____	What is your enrollment number? _____
Which district are you enrolled in? _____	What community do reside: _____

**Section 2: Contact Information**

Personal Email Address: \_\_\_\_\_

**Address**

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



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City: _____	State: _____	Zip Code: _____
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What is your mobile/cell phone number? \_\_\_\_\_

<b><u>Emergency Contact</u></b>	First Name: _____	Last Name: _____
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Mailing Address: \_\_\_\_\_

City: _____	State: _____	Zip Code: _____
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Phone Number: _____	Relationship: _____
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**Section 3: Enrollment / Anticipated Enrollment Information**

Which location would you like to attend? (check one)    \_\_\_ Tohono O'odham Community College    \_\_\_ San Carlos Apache College Site    \_\_\_ TOCC Phoenix Center Site  
 (Main Campus locations in Sells, AZ)

Are you in State or Out of State student? (check one)    \_\_\_ In State;    \_\_\_ Out of State;    \_\_\_ Non-Native Phoenix Student

What is your purpose of enrollment?    \_\_\_ Certificate/Degree Seeking    \_\_\_ Courses for Transfer Out (Non-Degree Seeking)  
 \_\_\_ Dual Enrollment (Current High School Student)    \_\_\_ Personal Development (Non-Degree Seeking)    \_\_\_ Transfer in from another college/university (Degree Seeking)

What is the highest grade you've completed?    \_\_\_ High School Graduate;    \_\_\_ GED;    \_\_\_ College Graduate

Are you a Degree Seeking?    \_\_\_ Degree Seeking (Intending on earning a degree from TOCC);    \_\_\_ Non-Degree Seeking

What is your Program of Interest?    (For Degree Seeking Students; Check One)

\*All degrees/certificates are awarded by Tohono O'odham Community College and available at TOCC locations. Programs also delivered through the San Carlos Apache College Site are labeled with (SCAC)\*

Transfer Programs

Direct Employment Programs

- |   |   |
|---|---|
| ___ Associate of Fine Arts<br>___ Associate of Business in Business Administration (SCAC)<br>___ Associate of Arts Computer Information Systems<br>___ Associate of Arts in Early Childhood Education<br>___ Associate of Arts in Elementary Education<br>___ Associate of Arts in Liberal Arts (SCAC)<br>___ Associate of Arts in Life Science | ___ Associate of Applied Science in Computer Information Systems<br>___ Associate of Applied Science in Business Management (SCAC)<br>___ Associate of Applied Science in Early Childhood Education<br>___ Certificate in Casino Gaming<br>___ Certificate in Digital Media<br>___ Certificate in Substance Abuse and Addiction Studies (SCAC)<br>___ Certificate in Social Services (SCAC) |
|---|---|



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- Associate of Science in Life Science  
 Associate of Science in Physical Science  
 Associate of Arts in Social Work (SCAC)  
 Associate of Arts in Tohono O'odham Studies
- Undecided (Undecided majors will be defaulted into the Associate of Arts in Liberal Arts program)

**High School Information**

Name of the last high school attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Where is the high school located? City: \_\_\_\_\_ State: \_\_\_\_\_

Have you previously applied to our school? YES / NO What year did you apply to our school? \_\_\_\_\_

**GED Inormation**

Do you have a GED? YES / NO

GED Test Date: \_\_\_\_\_ Name of GED Testing Center: \_\_\_\_\_

**College Previously Attended**

List all colleges, universities, and technical schools attended

Name of College/University	City, State	Date (from/to)	Degree Received

**Other Information**

Have either of your parents earned a Bachelor's Degree? YES / NO

Should we restrict access to your information per FERPA regulations? 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 (TOCC):** Return completed application to Student Services in I-We:mta Ki: Building at the S-cuk Du'ag Campus; or mail to PO Box 3129, Sells, AZ 85634, Attn: Student Services; or email application to admissions@tocc.edu, or fax application to 520-383-8403

**How to submit (SCAC):** Return your completed application to the San Carlos Apache College Administration Building on San Carlos Avenue; or mail to PO Box 344, San Carlos, AZ 85550, Attn: Student Services; or email application to admissions@apachecollege.org, or fax completed application to 928-475-2018.