

Student Name: _____

Student ID Number: _____



Tohono O'odham Community College Graduation Application

Please complete the following checklist:

<input type="checkbox"/>	You are enrolled in the last semester of your program and on track to complete all required coursework.
<input type="checkbox"/>	You have filled out, signed, dated and submitted your Graduation Application to advising@tocc.edu .
<input type="checkbox"/>	Your advisor has reviewed and signed/dated your Program of Study Checklist with you. You have signed and dated your Program of Study Checklist for acknowledgment.
<input type="checkbox"/>	Your advisor has reviewed and signed/dated your Graduation Application with you.
<input type="checkbox"/>	The Dean of Academics has reviewed and signed/dated your graduation application and Program of Study Checklist.
<input type="checkbox"/>	Your graduation packet with approval signatures have been submitted to the Office of Admissions & Records at admissions@tocc.edu for final review and processing.
<input type="checkbox"/>	You have completed the Exit Survey for graduation. Note: After your graduation application and program of study checklist has been approved, the Registrar will refer you to Ben Jose to complete the Exit Survey.
<input type="checkbox"/>	If you are a GED student, please submit a copy of your scores or a copy of your GED diploma and graduation application to admissions@tocc.edu .
<input type="checkbox"/>	If you are an HSE/CCP student, please submit a copy of your HSE diploma and graduation application to admissions@tocc.edu .



Tohono O'odham Community College Graduation Application Form

<p>A non-refundable fee is required for each graduation application. This fee is non-transferable and expires one year from the requested graduation date.</p> <p>Application Deadlines</p> <p>Fall: Open Spring: March 13, 2023 Summer: Open</p>	<p>For Bookstore's Use Only: Graduation Application Fee: \$15.00 per degree <i>(This includes GED and HSE graduates).</i></p> <p>Fee Receipt No: <u> N/A Waived </u></p> <p>Date Paid: _____</p> <p>Signature: _____</p>
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Student ID Number: _____

Print Name exactly as you want it to appear on you diploma:

Name: _____

First
Middle/Maiden
Last

Mailing Address: _____

Street
City
State
Zip Code

Telephone: _____ Best day and time to contact you: _____

Student's Signature _____ Date _____

Tohono O’odham Community College Programs of Study

Please choose the correct Degree or Certificate that you are applying for. **(Check One)**

Area of Study	Program Name	Program Code
Associates of Fine Arts	<input type="checkbox"/> Associate of Fine Arts -Studio Emphasis	AFA
	<input type="checkbox"/> Associate of Arts in Computer Information Systems	AACIS
Associates of Arts	<input type="checkbox"/> Associate of Arts in Early Childhood Education	AAECE
	<input type="checkbox"/> Associate of Arts in Elementary Education	AAEE
	<input type="checkbox"/> Associate of Arts in Geographical Information Science	AAGIS
	<input type="checkbox"/> Associate of Arts in Liberal Arts	AALA
	<input type="checkbox"/> Associate of Arts in Life Science	AALS
	<input type="checkbox"/> Associate of Arts in Social Services	AASS
	<input type="checkbox"/> Associate of Arts in Social Work	AASW
	<input type="checkbox"/> Associate of Arts in Tohono O’odham Studies	AATS
Associates of Business	<input type="checkbox"/> Associate of Business in Business Administration	ABBA
Associate of Applied Science	<input type="checkbox"/> Associate of Applied Science in Business Management	AASBM
	<input type="checkbox"/> Associate of Applied Science in Computer Information Systems	AASCI
	<input type="checkbox"/> Associate of Applied Science in Early Childhood Education	AASEC
	<input type="checkbox"/> Associate of Applied Science in Geographical Information Science	AASGI
Associate of Science	<input type="checkbox"/> Associate of Science in Life Science	ASLS
	<input type="checkbox"/> Associate of Science in Physical Science	ASPS
Certificates	<input type="checkbox"/> Certificate in Casino Gaming	CRTCG
	<input type="checkbox"/> Certificate in Culinary Arts I	CRTCA
	<input type="checkbox"/> Certificate in Culinary Arts II	CRTCUC
	<input type="checkbox"/> Certificate in Digital Media	CRTDM
	<input type="checkbox"/> Certificate in Early Childhood Education I	CTECE

	<input type="checkbox"/> Certificate in Early Childhood Education II	CTECE2
	<input type="checkbox"/> Certificate in Geographical Information Science	CTGIS
	<input type="checkbox"/> Certificate in Social Services	CRTSS
	<input type="checkbox"/> Certificate in Substance Abuse and Addiction Studies	CRTAA
GED	<input type="checkbox"/> General Equivalency Degree	GED
HSE	<input type="checkbox"/> High School Equivalency – College Credit Pathway	HSE
Other		

Note to Student: A separate application is required for each Degree or Certificate.

Expected Graduation Year: _____ Term: _____ Advising Year: _____

Student Signature _____ Date _____

Advisor's Signature _____ Date _____

Academic Dean's Signature _____ Date _____

STAFF USE ONLY:

TOCC Registrar _____ Date _____

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. For the general public, please contact the TOCC information line at 479-2300. Accommodations for individuals with disabilities are available. Contact the Counseling Office at (520) 479-2300 ext. 1210 or email: aespinoza@tocc.edu