



## Tohono O'odham Community College

### Certificate in Casino Operations



NAME:	TOCC ID:
TOCC EMAIL:	PHONE NUMBER:
TERM OF ADMISSION:	EXPECTED GRADUATION YEAR/TERM:
ADVISOR:	REQUIRED CREDITS FOR DEGREE: 34

#### I. General Education Courses (19 cr):

- Tohono O'odham Himdag (7 cr): HIS 122 (3 cr) and select one from the following: THO 101, THO 106 (4 cr)
- Note: All courses are 3 cr hrs unless otherwise indicated

COURSE PREFIX	COURSE NAME	SUBSTITUTE COURSE	SEMESTER	YEAR	CREDITS	GRADE
HIS 122	Tohono O'odham History and Culture					
THO						
WRT 101	Writing I					
CIS 100	Introduction to Computers					
BUS 100	Introduction to Business					
ACC 101	Financial Accounting					

#### II. Core Requirements (15 cr):

COURSE PREFIX	COURSE NAME	SUBSTITUTE COURSE	SEMESTER	YEAR	CREDITS	GRADE
CAG 100	Casino Gaming Industry Basic					
CAG 112	Indian Gaming Policy and Law					
ACC 102	Managerial Accounting					
CAG 133	Customer Service. Management. And Marketing					
BUS 148	Business Ethics: Morals in the Workplace					

#### Certificate in Casino Operations

The Casino Operations Certificate (CAG) focuses on the business side of the gaming industry. The CAG Certificate will increase your knowledge of the business field in general and the tribal casino gaming business in particular.

#### Program Learning Outcomes

- Students will be able to provide a reasonable rationale showing how O'odham cultural values can inform good casino gaming practices.
- Students will demonstrate that they have a basic general understanding of the casino gaming industry in the US and among tribal nations.
- Students will demonstrate basic proficiency in the business skills that are needed to be successful in entry-level casino gaming.

#### Students:

You must secure official approval by your advisor(s) before submitting the **final** Program of Study. By signing or entering your name below, you agree to the following statement: "Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan and for adhering to all policies in Academic Catalog and Student Handbook."

**Signature Panel:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (formal electronic signatures are permitted) in the space provided.

Student:	Date:
Faculty Advisor:	Date:
Academic Advisor	Date:
Registrar:	Date:
Dean of Academics:	Date: