



Tohono O'odham Community College



Certificate in Casino Operations

NAME:	TOCC ID:
TOCC EMAIL:	PHONE NUMBER:
TERM OF ADMISSION:	EXPECTED GRADUATION YEAR/TERM:
ACADEMIC ADVISOR:	FACULTY ADVISOR:

General Education Courses:

- 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	REPLACEMENT COURSE	SEMESTER	YEAR	CREDITS	GRADE	MET
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						
Total General Education Credits Needed: 19			Total Earned Credits:				

Core Requirements:

COURSE PREFIX	COURSE NAME	REPLACEMENT COURSE	SEMESTER	YEAR	CREDITS	GRADE	MET
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						
Total Core Credits Needed: 15			Total Earned Credits:				
Total Program Credits Needed: 34			Total Earned Credits:				

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:

- Apply economic and legal concepts to casino operations.
- Demonstrate an understanding of the casino operations process.
- Develop and demonstrate appropriate and effective communication skills with coworkers.

4. Develop and demonstrate an understanding of basic casino operations organization and behavior.
5. Develop and demonstrate motivational skills in the workplace.

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