



Tohono O'odham Community College

High School or Underage Student Enrollment Permission Form

STUDENT INFORMATION: (All Students Must Complete this Section)

Name: _____ SSN: _____ DOB: _____

School Name: _____ Grade: _____ Graduation Date: _____ SAIS/ID Number: _____

Vice-President of Student Services/Designee: _____ Date: _____

(Note: Students 16 years of age or younger must have permission of the TOCC VP of Student Services)

ADMISSION STATUS:

_____ A non-high school graduate under the age of 18 who has withdrawn from high school.

_____ A Dual Enrollment student enrolled at a high school and Tohono O'odham Community College.

(High School Signatures are required below)

TOHONO O'ODHAM COMMUNITY COLLEGE:

Course Title	Course Number	Credit Hours

_____ Student Signature _____ Date _____ Parent or Guardian Signature (if under 18) _____ Date _____

High School Dual Enrollment Permission Form

TOCC Course Plan/Dual Enrollment Option: (Complete only if requesting Dual Credit)

- High school approval is required prior to TOCC course registration for any classes taken during the academic year or during any session if the TOCC courses are to be used for high school graduation credit. **NOTE: Three (3) TOCC credits equal (1/2) of a high school credit.** (The High School Counselor will determine the equivalent high school course)
- Fill in the TOCC Courses you wish to complete this semester. Submit this form when registering for classes at TOCC.

Tohono O'odham Community College Course			Equivalent High School Course	
Course Title	Course Number	Credit Hours	Course	Credit Hours

- Submit a new form for each semester. Fill in the appropriate year and mark **one** of the following for this semester.
Year: _____ Fall _____ Spring _____ Summer _____
- Are you graduating from high school at the end of this semester? Yes _____ No _____
 - If yes, please see your high school counselor and obtain an early grade report form.
- Your signature above gives permission for TOCC to release your grades to your high school.

_____ High School Counselor _____ Date _____ High School Administrator _____ Date _____