



Tohono O'odham Community College

Registration Transaction Form

Term you plan to enroll: Year: ___ Fall Spring Summer

Student ID Number: _____

Birthdate: _____ / _____ / _____
Month/Day/Year

Name: _____
Last First MI

E-mail Address: _____

Mailing Address: _____

City State Zip

Telephone number: _____
Home _____
Work _____

Check if the above address and/or telephone number have changed, or you have changed your Educational Program. Fill out a Change of Student Data form.

| | | |
|---|--|---|
| Intent To Return (Check one) | | |
| <input type="checkbox"/> I intend to enroll in the next term. | <input type="checkbox"/> I am only enrolling in this term. | <input type="checkbox"/> I intend to return in a future term. |

Register/Add

| Course Prefix | Course No. | Course Section | Credit Hours | Audit (✓ if yes) | Class Day(s) | Class Time | Instructor's Signature* (after drop/add date) |
|---------------|------------|----------------|--------------|------------------|--------------|------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Drop/Withdraw

| Course Prefix | Course No. | Course Section | Credit Hours | Instructor Signature* (non attendance prior to 45 th day) |
|---------------|------------|----------------|--------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Instructor Signature

*Instructor's signature required after drop/add deadline or if student is registering for a class other than the recommended Compass Placement, and for instructor initiated withdrawals.

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. Please contact the Vice President of Student Service Office at 383-8401.

Student's Signature _____ Date _____

TOCC Registration Official _____ Date _____

Credit hours before transaction _____ Entered by _____
Credit hours after transaction _____ Date _____

Registration Site _____