OFFICE OF REGISTRATION & RECORDS
College Drive • P.O. Box 2001
Toms River, NJ 08754-2001
PHONE 732.255.0304 • TTY 732.255.0424

VISITING AND NON-DEGREE REGISTRATION FORM

SUMMER 2012*

Soc. Security No. **or** OCC Student ID _____

Name _____
Last First MI

Address_____ City _____ State_____ Zip _____

Preferred Phone #_____ Email _____

I WISH TO REGISTER FOR THE FOLLOWING COURSE(S)

I have reviewed and understand the prerequisite requirement(s) for the Ocean County College course(s) for which I wish to register.

Choose from the following options.

- ☐ The course(s) I wish to register for do not require a prerequisite.
- ☐ I am submitting an unofficial copy of a previous college or university transcript with this registration form as proof that I have completed the prerequisite(s).
- ☐ I am submitting a copy of my current student ID card with this registration form as proof that I am matriculated at another college or university.
- ☐ I have completed the prerequisite at Ocean County College.

***SUMMER SESSION CODES**

Summer First 5-Week Session: May 21 - June 26, 2012	**SF5**
Summer 10-Week Session: May 21 - Aug 1, 2012	**S10**
Summer Second 5-Week Session: June 27 - Aug 1, 2012	**SS5**
Summer 6-Week Session: June 27 - Aug 8, 2012	**S6**
Summer Post Session: Aug 2 - Aug 28, 2012	**SP0**

COURSE CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS	*SUMMER SESSION CODE
(example) ENGL	*151*	*DL2*	*English I*	*3*	*SF5*

The student is ultimately responsible for course selection. Students must be certain to enroll in the appropriate course(s) and sections(s). Payment is due at the confirmation of registration.

I am requesting registration in the above mentioned course(s). I have included the official course name, course code, section and term. I have used WebAdvisor to confirm the exact course/section(s) and have checked whether or not the course/section(s) still has availability. I have signed this form and included my contact information, and understand that the college will contact me to confirm that Ocean County College has received and acted upon my request.

I UNDERSTAND THAT IF MY PLANS CHANGE AND I WILL NOT BE TAKING THE ABOVE COURSES, I WILL CONTACT OCEAN COUNTY COLLEGE BEFORE THE START OF THE SEMESTER, OR RISK BEING FINANCIALLY RESPONSIBLE.

Student's Signature _____ Date _____

IF YOU CHOOSE, THIS FORM CAN BE FILLED IN AND SAVED TO YOUR COMPUTER.

MAIL to **ATTN: Course Registration, P.O. Box 2001, Toms River, NJ 08754-2001;**
or
FAX to **ATTN: Course Registration, 732.864.3849**