

OCEAN COUNTY COLLEGE

APPLICATION FOR ADMISSION

(732) 255.0304 • 1.877.OCC.FIRST • (732) 255.0424 TTY
Admissions & Records Office
Ocean County College
PO Box 2001 • College Drive
Toms River New Jersey 08754-2001

Please type or print clearly in ink.

\_\_\_ New Student \_\_\_ Reactivating Student (last attended \_\_\_\_\_)

Social Security Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ ID Number (if known) \_\_\_\_\_

Name \_\_\_\_\_
Last First MI Suffix Maiden

Have you attended under another name \_\_\_\_\_
Last First MI Suffix

Address (Permanent): \_\_\_\_\_
Street
City State Zip County

If reactivating, has your address changed since you last attended? \_\_\_ Yes \_\_\_ No

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Temporary Address (effective dates: from \_\_\_\_\_ to \_\_\_\_\_) \_\_\_\_\_
Street
City State Zip Telephone

Proof of Residency/Legal Domicile Required (Please include photocopy of proof if applying by mail):
\_\_\_ Valid New Jersey Voter Registration \_\_\_ Motor Vehicle Registration \_\_\_ Driver's License
\_\_\_ County I.D. Card \_\_\_ State Printed New Jersey Tax Return Label (from preceding year)

\_\_\_\_\_
Admissions Office Signature Date

\_\_\_ Certificate of Residence signed by Director of Guidance of high school for current academic year: \_\_\_\_\_

\_\_\_\_\_
Director of Guidance High School Date

Birth Date \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female
Month Day Year

Citizenship: \_\_\_ U.S. \_\_\_ Resident Alien (valid Green Card required) \_\_\_ Non-Resident Alien

Active Service with the U. S. Armed Forces \_\_\_ Yes \_\_\_ No

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

