

OCEAN COUNTY COLLEGE
College Drive • P.O. Box 2001
Toms River, NJ 08754-2001
PHONE 732.255.0300



REQUEST FOR LEAVE
Request For Medical/Military
Leave of NJ STARS Program

A request for leave of NJ STARS Program will be reviewed by the Appeals Committee on completion of this document.

Soc. Security # _____ OCC Student ID _____

Name _____
Last First MI

Address _____ City _____ State _____ Zip _____

Preferred Phone # _____ Email _____

Start Term/Year of Attendance _____ Last Term/Year of Attendance _____

Current Program of Study _____ Degree Sought _____

Explain the circumstances which occurred the semester/year you were required to take a medical/military leave of absence. Military request needs to include deployment orders. Attach appropriate medical documentation to support your medical leave. Please include date of illness/injury and length of time you may be absent from school. Attach additional sheets of paper if necessary. Leave can be granted for up to one year.

My signature below certifies the information contained on this form and any attachments are complete and accurate.

Student's Signature _____ Date _____

PLEASE COMPLETE, SIGN, AND RETURN THIS FORM TO:

NJ STARS Coordinator • Ocean County College • College Drive • P.O. Box 2001 • Toms River, NJ 08754-2001 •
Fax: 732.864.3850 • Phone: 732.255.0300

OFFICE USE ONLY BELOW THIS LINE

APPEAL DECISION Appeal Granted _____
 Appeal Denied _____
 Your Status is _____

Comments _____

Date Reviewed by NJ STARS Appeals Committee: _____ Initial of Chair: _____