

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



# WITHDRAWAL AND DROP FORM

**In compliance with State of New Jersey regulations, Ocean County College is required to inform the State when students officially withdraw from courses or drop below 12 degree eligible credit hours. In order to determine and maintain your NJ STARS eligibility you must complete this form and return it to the Financial Aid Office.**

Name \_\_\_\_\_  
Last First MI

Soc. Security # \_\_\_\_\_ OCC Student ID \_\_\_\_\_

### STATUS CHANGE

- Performing complete withdrawal from OCC (stop here and sign letter)
- Dropping classes (please complete the line below)  
Regular credits before drop \_\_\_\_\_ Drop credits \_\_\_\_\_ Total remaining credits \_\_\_\_\_
- I plan to make up my classes (please choose one)  
Fall 2011 \_\_\_\_\_ Spring 2012 \_\_\_\_\_ Summer 2012 \_\_\_\_\_  
How many credits do you plan to make up? \_\_\_\_\_

**NOTE: Your Stars eligibility will be based on this projection of credit hours attendance. Failure to report withdrawals and drops may affect your NJ STARS awards and the ability for you to continue in the program.**

I \_\_\_\_\_ fully understand that if my NJ STARS Scholarship does not cover these charges in full, I am responsible for any outstanding balance(s). **(In the event a financial aid award offer changes due to loss of eligibility, changes in anticipated registration status, or a change in my financial status, all charges of tuition, fees, and books are my responsibility).**

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED FINANCIAL AID OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ELAINE SCHARDIEN — NJSTARS COORDINATOR

\_\_\_\_\_  
DATE

**PLEASE COMPLETE, SIGN, AND RETURN THIS FORM TO:**  
**Financial Aid Office • Ocean County College • College Drive • P.O. Box 2001 • Toms River, NJ 08754-2001 •**  
Fax: 732.864.3865 • Phone: 732.255.0310