Procedures for NJ STARS Appeals

Ocean County College has a committee to review requests for NJ STARS and tuition refunds. For consideration of an appeal, your written request must be submitted by the end of the semester in question. All appeals to the committee are submitted to Jennifer Kipp, the NJ STARS Coordinator. Your appeal form must include your contact information; student ID number, telephone number, and address. Appeals are NOT accepted via email.

Include the following or your appeal will not be reviewed:

• The request must be in writing and involve an extenuating circumstance which prohibited initial enrollment or continued enrollment in registered courses. Include all your contact information. Back-up documentation is required in order to review the circumstances and make a decision; i.e., medical (medical doctor’s written confirmation), or military (supervising officer), etc.

All statements must be on business stationary and include dates and events. Make a copy for your records, as these statements will not be returned to you.

If your appeal is granted, the college may waive your tuition charges.

If you are applying for a tuition refund, your request will only be granted one time, for one semester only. Future requests will not be considered.

Email Jennifer Kipp with any questions: jkipp@ocean.edu. Do NOT email your appeal.

Mail or bring in your letter and documents to:
Jennifer Kipp, NJ STARS Coordinator
Attention: Advising Office
Ocean County College
P.O. Box 2001
Toms River, NJ 08754

You will receive a response within 30 days of receipt of your letter.
In order to appeal your NJ STARS award, you must complete this form and attach the required documentation. NJ STARS Appeal forms lacking appropriate documentation will be regarded as incomplete and/or denied. All supporting documentation must be legible. (Please consult with Financial Aid Office regarding tuition appeal.) Please read and complete this application.

Last Name: ___________________________________________ First Name: __________________________

Student ID Number: __________________________________ Telephone: __________________________

E-Mail Address: ____________________________________________

Appeal submitted for:  ☐ Leave of absence for semester  ☐ Approval to attend part time (minimum of 6 credits)

Please indicate the semester for which the appeal is to be considered.  ☐ Fall 20__  ☐ Spring 20__

Have you had a previous appeal?  ☐ No  ☐ Yes (Indicate semester of the previous appeal __________________)

Are you requesting a Tuition Refund Appeal?  ☐ No  ☐ Yes  The amount of tuition appealed: $ ________________

Are you requesting an F to W Appeal?  ☐ No  ☐ Yes

REASONS FOR APPEAL

Please indicate which mitigating situation best applies to the reason you have experienced academic difficulty. You must provide a detailed explanation of the factors contributing to your circumstances.

☐ Medical: If a medical problem contributed to the failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.

☐ Death/Illness: If the death/illness of an immediate family member [(step) mother, (step) father, siblings, grandmother, grandfather, aunt, or uncle] contributed to the failure to maintain satisfactory academic progress, please attach appropriate copies of medical records, death certificate, etc.

☐ Other Circumstances: Please clearly state the circumstance (not listed above) and provide appropriate documentation.

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

All mitigating circumstances must be documented. All supporting documentation must be legible.

I understand that a NJ STARS Appeal Form that is incomplete or lacks appropriate documentation can delay the decision of my appeal and/or be denied.

NJ STARS Appeals must be submitted by the end of the semester in which you are experiencing the mitigating circumstance.

Student Signature: ___________________________________________ Date: ____________________