



**OFFICE OF REGISTRATION & RECORDS**

College Drive • P.O. Box 2001  
Toms River, NJ 08754-2001  
PHONE 732.255.0304  
EMAIL registrar@ocean.edu

Semester/Term Code: \_\_\_\_\_

# ADD/DROP

Email Address: \_\_\_\_\_ Student ID No: \_\_\_\_\_

Print Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

PLEASE ADD					
Course Code <i>Ex.: ENGL</i>	Course # <i>151</i>	Course Sec. <i>01</i>	Title <i>English I</i>	Credits <i>3</i>	Instructor's Signature (if required)
<b>TOTAL HOURS</b>					

PLEASE DROP							
Course Code	Course Number	Course Section	Title	Credits	W	Last Date of Attendance	Instructor's Signature (Required after the census date)
<b>TOTAL HOURS</b>							

Reason for Request: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students who officially withdraw from courses may be eligible for a percentage refund of tuition and certain fees. Student must submit the drop/add form to the Registration & Records Office.  
**FAILING TO ATTEND CLASS WILL NOT RELIEVE YOU OF YOUR FINANCIAL RESPONSIBILITY, EVEN IF YOU HAVE NOT YET PAID YOUR FULL TUITION BILL.**  
The following fees are non-refundable: Registration, Tuition Deposit, Certificate, Graduation or Tuition Payment Plan. Official date of withdrawal will be the date Registration & Records receives the completed withdrawal form with all required signatures. Percentages are as follows:

- Class canceled by the college: ..... 100%
- Withdrawal prior to the first official day of the semester/term: ..... 100%
- Withdrawal between the first official day of the semester/term, up to and including the official attendance census date of the semester/term. (Go to [www.ocean.edu](http://www.ocean.edu) and search for **Registration Calendar** for specific dates) ..... 50%
- Withdrawal after the official attendance census date of semester/term: ..... No Refund

**IT IS THE RESPONSIBILITY OF THE STUDENT TO OFFICIALLY WITHDRAW FROM CLASSES DURING THE APPROPRIATE REFUND PERIODS IF THE STUDENT IS TO RECEIVE A REFUND OR CREDIT.**

**DO NOT WRITE BELOW THIS LINE**

**REGISTRAR'S APPROVAL**

By: \_\_\_\_\_

Date: \_\_\_\_\_

Refund

Credit

\_\_\_\_\_ %

Part-Time  Full-Time

Status of Semester Hours: Unchanged  Increased  Decreased

Balance Semester Hours Carried: \_\_\_\_\_