PLEASE OPEN THIS FORM IN ADOBE ACROBAT

OCEAN COUNTY COLLEGE

College Drive • P.O. Box 2001 Toms River, NJ 08754-2001 PHONE 732-255-0300 TTY & VOICE RELAY 711



FINAL TERM REQUEST FOR PART-TIME ENROLLMENT FORM

In compliance with state regulations, Ocean County College is required to report all NJ STARS students who request part-time enrollment in their final semester leading to graduation. When submitting this form, students must apply for graduation and attach a copy of the graduation application. In order to determine and maintain your NJ STARS eligibility you must complete this form and return it to the NJ STARS Coordinator.

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| Last | First |
| CC Student ID | |
| ease complete the required information and sign b | elow. |
| Part-time enrollment requested for the | semester. |
| Number of credits enrolled in for final semester | |
| Year of high school graduation | |
| Semester and year of first full-time enrollment | |
| | |
| charges in full, I am responsible for any outstanding ba | fully understand that if my NJ STARS scholarship does not cover these alance(s). Failure to complete degree requirements and graduate in the loss of NJ STARS/STARS II eligibility and in my becoming responsible f |
| all tuition charges for the part-time semester. | |
| Student's signature | |
| | |
| Jennifer Kipp, NJ STARS Coordinator | |
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