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	