



**OFFICE OF REGISTRATION & RECORDS**

College Drive • P.O. Box 2001  
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 PHONE 732.255.0304  
 EMAIL registrar@ocean.edu

Academic Year \_\_\_\_\_

## COURSE REGISTRATION FORM

OCC Student ID \_\_\_\_\_

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

**I WISH TO REGISTER FOR THE FOLLOWING COURSE(S)**

TERM CODE	COURSE CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS	DAY(S) TIMES
<i>See below</i>	<i>(example) ENGL</i>	<i>151</i>	<i>01</i>	<i>English I</i>	<i>3</i>	<i>T TH - 9:30 am</i>

**TERM CODES**

Fall	FA	FQT				
Spring	SP	SQT				
Summer	SF5	S10	SS5	SPO		
Accelerated	L1	L2	L3	L4	L5	L6
Other	W2	Y1				

THE STUDENT IS ULTIMATELY RESPONSIBLE FOR COURSE SELECTION. Students must be certain to enroll in the appropriate course(s), sections(s), and term(s). Assistance with course selection is available from your assigned academic advisor. Payment is due at the time of registration.

I UNDERSTAND THAT IF MY PLANS CHANGE AND I WILL NOT BE TAKING THE ABOVE COURSES, I WILL CONTACT OCEAN COUNTY COLLEGE BEFORE THE START OF THE TERM OR RISK BEING FINANCIALLY RESPONSIBLE.

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

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