Mercer County Community College
FINAL TERM
REQUEST for PART-TIME ENROLLMENT FORM

In compliance with the State regulations, Mercer County Community College is required to report all NJ Stars students who request part-time enrollment in their fifth semester of eligibility. Prior to 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 Financial Aid Office.

Name______________________________________________________________
___________________________________
Last First MI
Soc. Security #____________________________________________________ MCCC Student ID________________________________________

PLEASE INDICATE THE APPROPRIATE ACTION

☐ Performing complete withdrawal from MCCC. (Stop here and sign letter)

☐ Part-Time Enrollment request for:
Semester enrolled as a part time student ______________
Credits enrolled in for final semester ______________
Year of high school graduation____________________
Semester and year of first full-time enrollment __________

NOTE: Your Stars eligibility will be based on this projection of credit hours attendance. Failure to report your part-time enrollment in your fifth term will affect your NJ STARS awards and the ability for you to continue in the program.

I ____________________________ fully understand that if my NJ STARS Scholarship does not cover these charges in full, I am responsible for any outstanding balance(s). In the event a financial aid award offer changes due to loss of eligibility, changes in anticipated registration status, or a change in my financial status, all charges of tuition, fees, books are my responsibility. Failure to complete degree requirements and apply for graduation in the semester requesting part-time status can result in loss of NJ STARS eligibility.

______________________________________________________ ___________________________
STUDENT’S SIGNATURE DATE

______________________________________________________ ___________________________
BILQUIS ZAKA-ASSOCIATE DIRECTOR DATE

______________________________________________________ ___________________________
--NJSTARS COORDINATOR DATE

PLEASE COMPLETE, SIGN, AND RETURN THIS FORM TO:
Financial Aid Office • Mercer County Community College • P.O. Box 2001 • Trenton, NJ 08690
Fax: 609-570-3888 • Phone: 609-570-3210