KEAN-OCEAN CONSORTIUM PAYMENT AUTHORIZATION

(To be completed only if you wish to use Kean Financial Aid to pay for Ocean County College Courses)

KEAN ID NUMBER

PHONE NUMBER

TERM

NAME (PLEASE PRINT)

Student Signature

KEAN MAJOR PROGRAM

EMAIL ADDRESS YOU USE MOST REGULARLY

•	thorize Kean University to pay Ocean County College (hereafter refe Student Financial Assistance package (grants and loans) for the		ie from my Kean
sufficient f	ANT: Before completing this form, you the student must review your funds available to pay for both Kean AND OCC classes. These funds ove-mentioned term. This form must be completed each term you wi	are to be applied towards the tuition a	
	Please read and initial after each statement below, to indic	ate your agreement with each statement.	
 I acknow I underst Kean Un I underst All finan Unless I for payin I am resp To remai may be u grant. Y By signin 	tand that this agreement is based on financial aid awarded to date	which will result in a balance due to Kean I the visiting school any and all refunds will go directly to me the second second teast 12 Kean University credits. NO To set Kean and 6 credits at OCC and receive eligible)	and I will be responsible AG or STARS II funds ve a TAG or NJ STARS II ent between Kean

Kean Ocean Administrative Office • 103 Gateway Building • College Drive • Toms River, NJ 08754 • 732-255-0356

Date