

RAQA COURSE WITHDRAWAL FORM

PLEASE PRINT CLEARLY

Name: _____ TUid: _____

Home Address: _____ (check here, if address has changed) []

City: _____ State: _____ Zip: _____

Daytime phone: _____ Fax number: _____

Email address _____ Do you want a receipt via fax ___ or email ___ (Indicate which one.)

Reason for dropping the course(s):

Please review the drop/add policies posted on the RAQA website and that are distributed on the first day of class. Course Withdrawal: Please complete the information on each course you wish to drop, then forward this completed form to the RAQA Office. To receive a complete refund for a course, you must forward this form to the RAQA Office BEFORE the second class (weekend courses) or BEFORE the third class (weeknight courses). There are no exceptions to this rule. Your fax or email will reflect the date that the RAQA Office received this form and will determine whether you are entitled to a refund. We cannot accept course withdrawals via phone.

CRN	Course #	Section #	Title	Time & Day

Course Additions: Please indicate if you wish to add any courses.

CRN	Course #	Section #	Title	Time & Day

Applicant's Signature: _____ Date: _____

Return this form to (FAX) 267.468.8565 or (EMAIL) QARA@temple.edu

 For RAQA Office Use Only: Date Received: _____
 Course(s) dropped for student: Yes _____ Student is eligible for complete refund: Yes _____ No _____
 RAQA Approval Signature: _____ Date Signed: _____