

 <b>School of Pharmacy</b> TEMPLE UNIVERSITY <b>Regulatory Affairs and Quality Assurance          Graduate Program</b>	Temple University School of Pharmacy <b>Regulatory Affairs and Quality Assurance Graduate Program</b> 425 Commerce Drive, Suite 175 Fort Washington, PA 19034 Phone: 267.468.8560 Fax: 267.468.8565
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**RAQA Graduate Program  
 Petition to Take an Overload (more than 2 courses) in a Semester**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ TUID #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ (check , if address has changed)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Are you matriculated? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you work full-time in the industry? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Email address: \_\_\_\_\_ OR Fax number: \_\_\_\_\_  
 (Must be provided so the RAQA Office can send a receipt indicating whether you may enroll in three courses.)

Which courses do you wish to take:

CRN	Course #	Section #	Title	Time and Day

**A minimum GPA of 3.33 is required to carry an overload of 3 courses (or more) per semester. Please indicate why you must take three courses and how you will accommodate your academic workload:**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email this form to [QARAREG@temple.edu](mailto:QARAREG@temple.edu) OR FAX it to 267.468.8565**

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 For RAQA Office Use Only:

Date Received: \_\_\_\_\_ Student GPA: \_\_\_\_\_  
 Number of courses taken to date: \_\_\_\_\_ Teacher recommendation: \_\_\_\_\_  
 RAQA Approval Signature: \_\_\_\_\_  
 Graduate Studies Office Approval: \_\_\_\_\_