



**School of Pharmacy**  
TEMPLE UNIVERSITY

Quality Assurance/Regulatory Affairs  
Graduate Program

Temple University - School of Pharmacy  
425 Commerce Drive, Suite 175  
Fort Washington, PA 19034

Phone: 267.468.8560 Fax: 267.468.8565

**QA/RA Graduate Program  
Petition to Take an Overload (more than 2 courses) in a Semester**

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ TUID #: \_\_\_\_\_

Home Address: \_\_\_\_\_ (check here, 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 \_\_\_\_\_

Fax number: \_\_\_\_\_ (must be provided for the QA/RA Office to send a fax receipt indicating whether or not you are permitted to enroll in three courses.) If you do not have a fax number, we will mail your receipt to your home.

**Which courses do you wish to take:**

CRN	Course #	Section #	Title	Time & Day

Please indicate why you must take three courses this semester and how you will accommodate your academic workload:

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

**FAX THIS FORM TO: 267.468.8565**

**For QA/RA Office Use Only:**

Date Received: \_\_\_\_\_ Student GPA \_\_\_\_\_

Number of courses taken to date: \_\_\_\_\_ Teacher recommendation: \_\_\_\_\_

QA/RA Approval Signature: \_\_\_\_\_

Graduate Studies Office Approval \_\_\_\_\_