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.

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<th>CRN</th>
<th>Course #</th>
<th>Section #</th>
<th>Title</th>
<th>Time &amp; Day</th>
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Course Additions: Please indicate if you wish to add any courses.

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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: ____________________________