

**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 \_\_\_ (Check 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) QARAREG@temple.edu

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 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: \_\_\_\_\_