

## Temple University School of Pharmacy Regulatory Affairs and Quality Assurance Graduate Program

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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 chang
City:			State:	Zip:
Daytime Phone	Number:			
Are you matric	ulated?Yes	No Do	you work full-time in the	industry? Yes No
Email address:			OR Fax num	ber:
			pt indicating whether you n	
371 1	1 '1,	. 1		
CRN	do you wish to  Course #	Section #	Title	Time and Day
CKIV	Course #	Section #	Title	Time and Day
		- •	,	r more) per semester. Please e your academic workload:
ndicate why y	ou must take t	- •	ow you will accommodat	e your academic workload:
	gnature:	hree courses and ho	ow you will accommodat	e your academic workload:  Date:
ndicate why y	gnature:	m to QARAREG@	ow you will accommodat	e your academic workload:  Date:
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Applicant's Sig	gnature:	m to QARAREG@	w you will accommodat  temple.edu OR FAX  Student GPA:	Date:
Applicant's Sig	gnature: Email this for cice Use Only: rses taken to da	m to QARAREG@	w you will accommodat  temple.edu OR FAX  Student GPA:  Teacher recommend	Date:  Lit to 267.468.8565  Hation:
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