

**Office of Graduate Studies**  
**Tuition Deposit Form**

Please fill in the lines as indicated.

**Program Applied for:** Quality Assurance/Regulatory Affairs

**Semester:** \_\_\_\_\_

**9 digit TUID #** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone#:** (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_

I have received your offer of admission to the Graduate School of Temple University.

Check either A or B:

- A. \_\_\_\_\_ I plan to enroll during the Fall 20\_\_\_\_/ Spring 20\_\_\_\_.  
\_\_\_\_\_ Full-time graduate student (9 credit hours or more)  
\_\_\_\_\_ Part-time graduate student (fewer than nine hours)

If you accept admission, please enclose a \$100.00 check or money order made payable to Temple University. Include your TUID on the payment. This money will be credited towards your tuition.

OR:

- B. \_\_\_\_\_ I am unable to accept your offer of admission, because (check one reason below):  
\_\_\_\_\_ I have accepted admissions at: \_\_\_\_\_  
\_\_\_\_\_ Of financial constraints  
\_\_\_\_\_ Of a change of professional goals  
\_\_\_\_\_ I am unable to relocate to the area  
\_\_\_\_\_ Other (please specify briefly) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please forward this form (and payment if applicable) to:  
Temple University School of Pharmacy - Graduate Studies Office  
3307 N. Broad Street- Room 528, Philadelphia, PA 19140