

OLLI Fall 2019 Registration: DROP(s) ONLY FORM

OFFICE USE ONLY

Student ID: _____ Dropped by: _____ Date: _____

Order # _____ Original Method of Payment (Circle One): Visa MasterCard Cash/Check Other

Name _____
Last First MI

Address _____
Street/PO Box City State Zip

Phone _____ Email _____
___ I don't use email

Emergency Contact _____
Name Relationship Daytime Phone

DROP CLASSES

Priority	Course Name	Action
1.	_____	DROP \$ _____
2.	_____	DROP \$ _____
3.	_____	DROP \$ _____
4.	_____	DROP \$ _____
5.	_____	DROP \$ _____
6.	_____	DROP \$ _____
7.	_____	DROP \$ _____
8.	_____	DROP \$ _____

SUBTOTAL REFUNDED \$ _____

OLLI
 Reuter Center, CPO #5000
 UNCA, One University Heights
 Asheville, NC 28804-8516

TOTAL REFUNDED \$ _____

Additional Information: _____
