

OLLI-RU Withdrawal/Refund Form

Please complete all appropriate sections of this form to ensure your request is processed in a timely manner.

Name: _____

Address: _____
Street City State Zip code

Phone: _____ Email: _____

Current class name and number: _____ Session: _____
Season year

Complete the appropriate section

Class Change

New Class name and number: _____

Reason for change: _____

Class Withdrawal

Reason for Withdrawal: _____

Request for Refund

Amount requested: \$ _____

Student signature: _____ Date: _____

**Return to: OLLI-RU
176 Ryders Lane
New Brunswick, NJ 08901**