

# 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