Osher Lifelong Learning Institute at George Mason University ADD/DROP REQUEST FORM

Please complete the entire form

Name:	Da	ite:
Phone Number:		
DROP		
Course/Event Number	Course/Event Nam	e
Check box if the cou	irse/event being dropped has a fee	•
A FEE THAT YOU DRO REGISTRATION IF	** Please Note ** NTEE A REFUND FOR COURSES OR ENDE. OLLI WILL ONLY REIMBURSE FEITHERE IS A WAITING LIST FOR THE COUND IF A REPLACEMENT IS FOUND.	ES PAID AT
	Office Use Only	
	Replacement Name:	
Date Processed	Date Processed:	
ADD		
Course/Event Number	Course/Event Nam	e
below: Course/Event Fee An		nd fill out the
Payment Type (please c		
• •	dit Card (Visa, Mastercard, Discover or A	•
**	ard:	
Expiration date:	CVV: Billing zip	code:
Card Number:		
Signature:		

^{**} If you are providing a payment with this form, Mason policies require you to give both directly to an OLLI staff person (not an OLLI volunteer) or to put it in an envelope and place it in the dropbox in the Tallwood front office. **