



REQUEST FOR LECTURE TRANSFER

All changes must be completed and submitted to the OLLI Fort Lauderdale office in writing one week before lectures begin. (Please fill out one form per person). LECTURE TRANSFERS ARE ON A SPACE AVAILABLE BASIS.

NAME: _____ PATRON ID#: _____ DATE OF REQUEST: ___/___/___

ADDRESS: _____ CITY: _____ ST: ___ ZIP: _____

REASON FOR TRANSFER: _____

SIGNATURE (*Required*): _____

LECTURE NO.	COST		LECTURE NO.	COST
		TRANSFER TO		
		TRANSFER TO		
		TRANSFER TO		

OFFICE USE ONLY: Date Rcv'd: ___/___/___ BALANCE DUE: \$ _____ Process Date: ___/___/___	AMT. TO RETURN: \$ _____ By: _____
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Please mail or fax to: 3200 College Ave, Davie West 303 Davie, FL 33314, fax: 561.297.1028.

Questions email ollifll@fau.edu or call **561.297.01777**.