

APIRG Opt Out Instructions

1. The APIRG dedicated fee is \$2.94 per term for full-time students and \$1.46 per term for part-time students.
2. To have this fee refunded by mail, fill out this opt out form and mail the completed form to:

APIRG
9111, 112th St.
University of Alberta,
Edmonton, AB
T6G 2C5
3. Mail-in opt out forms can also be downloaded at www.apirg.org.
4. Go to the Office of the Registrar and have the section marked "to be filled out by the office of the Registrar" filled out by a representative of the Office of the Registrar.
5. The opt out periods are Sept. 19 through Oct. 31 (fall term) and Jan. 19 through Feb. 28 (winter term). **No refunds will be issued outside of these dates.**
 - **Fall Term Opt Outs**
This form must be filled out between Sept. 19th and Oct. 31st and **must be postmarked no later than Oct. 31st.**
 - **Winter Term Opt Outs**
This form must be filled out in between Jan. 19th and Feb. 28th and **must be postmarked no later than Feb. 28th.**
5. A refund cheque will be mailed to the address you have provided within ten business days of the last date of the opt out period. (APIRG will pay for postage.)
6. Students who have opted out will not be allowed access to APIRG funding and services.
7. For more information, email apirg@ualberta.ca or phone 492-0614.

APIRG

MAIL-IN

Dedicated Fee Opt Out Form 2007/2008

Name _____

Student I.D. Number _____

I am a full time student part time student

I am opting out for fall term winter term

I am opting out for financial reasons ideological reasons

Comments: _____

Mailing Address (to which refund cheque will be sent): _____

For Office Use Only:

Amount paid: _____ Cheque number: _____

Date: _____ Issued by: _____

Signature of student: _____

To be filled out by the Office of the Registrar

Declaration: This student is enrolled at the University of Alberta on a (please check appropriate boxes)

full time

Fall 2007 term

or basis during the

or

part time

Winter 2008 term

Signature and seal

You must sign and certify with a seal or stamp for this form to be valid.

If you do not have a seal or stamp, please write the declaration on stationary bearing your letterhead and sign it.

Date: _____ Telephone: _____

Name: _____

Signature: _____

Seal: _____

Position at institution: _____