



TERM/SEMESTER: _____ PTrm _____ STUDENT I.D. #: _____ **UNDERGRADUATE**
GRADUATE

NAME: _____ PHONE: _____
Family First Middle

New address? Yes No

ADDRESS: _____
Number Street City State Zip

TUITION PAID BY: SELF HPU SCHOLARSHIP T.A.
(PLEASE CHECK ALL FINANCIAL AID HPU STAFF WAIVER V.A. ACTIVE DUTY
THAT APPLY) ATHLETIC WAIVER OTHER: _____ V.A. OUT OF SERVICE

CITIZENSHIP:
 U.S. State _____
 Perm Res. Alien
 Refugee
 Visa Student
 Country of Origin: _____

LIST ALL COURSES YOU ARE DROPPING: (NOTE: STUDENT REMAINS RESPONSIBLE FOR ALL FEES)

CRN <small>(Course Ref. No.)</small>	COURSE ALPHA AND NUMBER	COURSE TITLE	ROOM	DAY(S)	OFFICE USE ONLY: "W" GRADE ISSUED
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N

LIST ALL COURSES YOU ARE ADDING: (NOTE: BY SIGNING AND SUBMITTING THIS FORM, STUDENT ACCEPTS RESPONSIBILITY FOR ANY ADDITIONAL TUITION AND FEES)

CRN <small>(Course Ref. No.)</small>	COURSE ALPHA AND NUMBER	COURSE TITLE	ROOM	DAY(S)	TIME

IF APPROVED, I WILL BE CHANGING FROM _____ CREDITS TO _____ CREDITS. REASON FOR CHANGE/WITHDRAWAL: _____

FOR COMPLETE WITHDRAWALS: (Withdraw Reason Codes on back of form.)

WITHDRAW REASON CODE: _____ COMMENTS: _____

FINANCIAL AID/SCHOLARSHIP STUDENTS: LAST DATE OF ATTENDANCE: _____

_____ STUDENT SIGNATURE	_____ DATE	_____ ACADEMIC ADVISOR	_____ DATE
_____ STUDENT NOT AVAILABLE FOR SIGNATURE	_____ DATE	_____ FINANCIAL AID CLEARANCE	_____ DATE
_____ ACADEMIC DEAN	_____ DATE	_____ REGISTRAR	_____ DATE
_____ ACADEMIC VICE PRESIDENT	_____ DATE		

*****OFFICE USE ONLY*****

Receipt: _____

Refund Requested: _____ (date) Reported to V.A. _____