COURSE ADD/DROP REQUEST FORM

1. *Review the Academic Calendar (www.hpu.edu/academiccalendar) for all important dates and deadlines.*
2. *A complete withdrawal from all courses requires a different form.*

STUDENT INFORMATION: (Complete all information)

Student ID: @_____

Name: _____
Last/Family Given/First Middle

Mailing Address: _____
Number/Street

_____
City/Town Country/State Zip/Postal Code

Telephone: _____

HPU Email: _____@my.hpu.edu

Term/Year: _____

College or Major: _____

Check one: Undergraduate ☐
Graduate ☐

Please answer the following questions:

Are you a financial aid recipient? Yes* ☐ No ☐

Are you an international student? Yes* ☐ No ☐

**If yes, applicable signature(s) required below.*

DROP: (List courses you are dropping)

CRN Course Ref. No.	Course Alpha and No.	Credit Hours	Part of Term/ Session	CRN Course Ref. No.	Course Alpha and No.	Credit Hours	Part of Term/ Session

ADD: (List courses you are adding)

CRN Course Ref. No.	Course Alpha and No.	Credit Hours	Part of Term/ Session	CRN Course Ref. No.	Course Alpha and No.	Credit Hours	Part of Term/ Session

Number of credits hours before above change: _____ After this change: _____

Dean's Approval: (Required for exceptions to deadlines)

Comments: _____

Dean's Signature: _____ _____ Date: _____
PRINT NAME SIGNATURE

DEAN'S USE ONLY:

Drop with "W" Grade:
Yes ☐ No ☐

My signature below indicates I have read and accept the policies and deadlines published by Hawai'i Pacific University. ***Digital signatures not accepted.***

Student's Signature _____ Date: _____

Academic Advisor _____ _____ Date: _____
PRINT NAME SIGNATURE

Business Office _____ _____ Date: _____
PRINT NAME SIGNATURE

*Financial Aid _____ _____ Date: _____
PRINT NAME SIGNATURE

*International Office _____ _____ Date: _____
PRINT NAME SIGNATURE

$30 CHANGE (ADD/DROP) FEE:

☐ Waive Approved by: _____

Office Use Only:
SFAREGS_____ Date: _____
Charge fee_____ Date: _____

Revised 8/30/18