



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) Please print legibly using blue or black ink.

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| Student ID: @ _____ Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last/Family Given/First Middle </div> Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> City/Town Country/State Zip/Postal Code </div> Telephone: _____ HPU Email: _____@my.hpu.edu | Term/Year: _____ College or Major: _____ Check one: Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Please answer the following questions: Are you a financial aid recipient? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you an international student? Yes <input type="checkbox"/> No <input type="checkbox"/> *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 |
|------------------------|-------------------------|--------------|--------------------------|------------------------|-------------------------|--------------|--------------------------|
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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 |
|------------------------|-------------------------|--------------|--------------------------|------------------------|-------------------------|--------------|--------------------------|
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Number of credits hours before above change: _____ After this change: _____

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

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|--|---|
| Comments: _____ Dean's Signature: _____ Date: _____ | OFFICE USE ONLY: Drop with "W Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

My signature below indicates I have read and accept the policies and deadlines published by Hawai'i Pacific University.

| | |
|-----------------------------|-------------|
| 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: _____