



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.

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.
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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: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> PRINT NAME SIGNATURE </div>	DEAN'S USE ONLY: Drop with "W" Grade: Yes <input type="checkbox"/> No <input type="checkbox"/>
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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: _____