

HAWAI'I PACIFIC UNIVERSITY



ADD, DROP, DROP WITH "W" GRADE OR COMPLETE WITHDRAWAL FORM

Directions: Complete section I and the appropriate: II Drop, III Add, or IV withdrawal section(s) and secure necessary signatures.

STUDENT INFORMATION	I STUDENT INFORMATION: (Complete all information)	
	Student ID: @ _____	Term/Year: _____
	Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last/Family Given/First Middle</small>	College or Major: _____ Check one: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
	Mailing Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Number/Street</small>	Please answer the following questions: Are you a Financial Aid recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No * If yes, applicable signature required below:
	City/Town Country/State Zip/Postal Code	
	Telephone: _____	Are you completely withdrawing from all coursework? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email: _____	If yes, please complete section IV.	

DROP	II DROP: (List courses you are dropping)					
	CRN Course Ref. No.	Course Alpha and No.	Credit Hours	CRN Course Ref. No.	Course Alpha and No.	Credit Hours
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

ADD	III ADD: (List courses you are adding)					
	CRN Course Ref. No.	Course Alpha and No.	Credit Hours	CRN Course Ref. No.	Course Alpha and No.	Credit Hours
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

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

WITHDRAWAL	IV Complete withdrawal from all coursework: (Withdrawal reason codes on back of form)	
	Withdrawal Reason Code: _____	Comments: _____
	When was your last date of attendance? _____	

EXCEPTIONS	V Dean's Approval: (Required for exceptions to deadlines)	
	Comments: _____	OFFICE USE ONLY: Drop with "W" Exception: Issue "W" Grade <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dean's Signature: _____ Date: _____	

My signature below indicates I have read this contract and agree to all its terms. In addition, I have read and accepted the policies and deadlines published by Hawai'i Pacific University.

Student's Signature: _____ Date: _____
Academic Advisor: _____ Date: _____
* Financial Aid/International Office: _____ Date: _____

CHANGE (DROP/ADD) FEE: <input type="checkbox"/> Waive <input type="checkbox"/> Approved by: _____ <input type="checkbox"/> Charge <input type="checkbox"/> Receipt No.: _____	OFFICE USE ONLY: Staff Name: _____ Date: _____ SWAREGS/SFAREGS by: _____ Date: _____ SPACMNT by: _____ Date: _____
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WITHDRAW REASON CODES (For complete withdrawals only)

- | | |
|------------------------------------|---|
| 01 Employment opportunity | 08 Family or medical emergency |
| 02 Change in current work schedule | 09 Relocation or transfer (e.g. military) |
| 03 Joined the armed forces | 10 Transfer to a 4-year or higher institution |
| 04 Serve with Foreign Aid Service | 11 Transfer to a 2-year or lower institution |
| 05 Official church mission | 12 Transfer to a technical or vocational school |
| 06 Leave of Absence | 13 Temporary duty |
| 07 Academic standing | 14 Other (indicate on comment line) |

Please indicate the appropriate code on the front of this form.