



# COMPLETE TERM WITHDRAWAL FORM

Use this form if you are dropping all courses for a specific term.

### 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
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

### Complete withdrawal from all coursework: (Withdrawal reason codes on back of form)

Withdrawal reason code: \_\_\_\_\_ Comments: \_\_\_\_\_

When was your last date of attendance? \_\_\_\_\_

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

Comments: _____	<b>DEAN'S USE ONLY:</b>  Drop with "W" Grade: Yes      No
Dean's Signature: _____ Date: _____ <small>PRINT NAME                      SIGNATURE</small>	

*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: _____
SPACMNT _____ Date: _____
Charge fee _____ Date: _____

**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.**