

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: @ _____

Term/Year: _____

Name: _____
Last/Family
Given/First
Middle

College or Major: _____

Mailing Address: _____
Number/Street

Check one: Undergraduate

Graduate

Please answer the following questions:

Are you a financial aid recipient? Yes* No

Are you an international student? Yes* No

Telephone: _____

HPU Email: _____@my.hpu.edu

*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)

<p>Comments: _____</p> <p>Dean's Signature: _____ Date: _____ <small style="display: inline-block; width: 150px; text-align: center;">PRINT NAME</small> <small style="display: inline-block; width: 150px; text-align: center;">SIGNATURE</small></p>	<p>DEAN'S USE ONLY:</p> <p>Drop with "W" Grade: Yes <input type="checkbox"/> No</p>
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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