

University of Hawai'i at Hilo Complete Withdrawal Form

This form must be submitted to the UH Hilo Office of the Registrar by the last day of instruction.

- This form is to be used when withdrawing from ALL of your UH Hilo classes.
- Use MyUH account for partial withdrawals by the semester deadlines published in the Academic Calendar.
- Financial aid may be cancelled or significantly reduced if you withdraw.

Below are the financial consequences of withdrawing:

*If you withdraw:	You will owe Fees:	You will owe Tuition:
During the 1 st and 2 nd weeks of instruction Classes not reflected on academic record	0%	0%
During the 3 rd week of instruction Classes not reflected on academic record	100%	50%
AFTER the 3 rd week of instruction Classes reflected on academic record with "W"	100%	100%

* Fees and tuition will be assessed according to University of Hawaii system policy.

Step 1: Complete the information below:

Name: _____ Student ID No. _____
(Last) (First) (M.I)

Phone: _____ e-mail: _____

Student Signature: _____ Date: _____

Semester: Fall Spring Summer Year _____ Last date of attendance: _____

- Reason, select one only:
- | | | |
|---|--|---|
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Dissatisfied with Classes | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Financial Issues | <input type="checkbox"/> Family Responsibilities | <input type="checkbox"/> Health Problems |
| <input type="checkbox"/> Campus Location | <input type="checkbox"/> Military Duty | <input type="checkbox"/> No Longer Interested |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Relocating | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transferring to (please provide institution) _____ | | |

Step 2: Obtain the signatures below:

1. Financial Aid _____ Date: _____
(Student Services Building, Room 102)
2. Director, International Student Services _____ Date: _____
*Required for International Students on F-1 or J-1 Visas (Student Services Building, Room 206)
3. Pharmacy Dean _____ Date: _____
*Required for Pharmacy students only

Step 3: Submit this form to the UH Hilo Office of the Registrar (Student Services Bldg. Rm 101)

For Office of the Registrar use: _____ Photocopy to student: _____

Date Received: _____ Date Posted: _____ By: _____ SFAWDRL Official Date: _____

DD DC WW WE SHAINST Code: _____ Veteran Benefits: _____ IS EL: _____