



HILO COMPLETE WITHDRAWAL FORM

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm 101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhro@hawaii.edu

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

- This form is to be used when withdrawing from ALL of your UH Hilo classes.
- Use STAR GPS for partial and complete withdrawals by the semester deadlines published in the Academic Calendar.
- Financial aid may be cancelled or significantly reduced if you withdraw.
- Your attendance will be verified with your instructors for Financial Aid purposes.
- By completing this form, you understand that you may be required to reapply with Admissions for future registration.

Below are the financial consequences of withdrawing:

*If you withdraw on or before:	You will owe Fees:	You will owe Tuition:
The 2 nd Tuesday of instruction Classes not on academic record	0%	0%
The completion of 20% of term Classes not on academic record	100%	50%
AFTER completion of 20% of term Classes on academic record with "W"	100%	100%

*Deadlines effective Fall 2018

- For Summer Session refund dates refer to <https://hilo.hawaii.edu/depts/summer/lookup.php> with CRN.
- Information provided here for convenience and does not constitute an official declaration of UH Policy. For official schedules, please refer to: <http://hilo.hawaii.edu/uhh/bo/TuitionandFeeRefunds.php> and <http://hilo.hawaii.edu/registrar/currentterm.php>.

SECTION I: Student Information:

Name: _____ Student ID: _____ Phone: _____
Last First MI

Email: _____@hawaii.edu Semester: Fall Spring Summer Year: 20____

- Reason, select one only:
- | | | |
|---|---|--|
| <input type="checkbox"/> Academic Difficulty (AD) | <input type="checkbox"/> Dissatisfied with Classes (DS) | <input type="checkbox"/> Employment (EM) |
| <input type="checkbox"/> Personal (PR) | <input type="checkbox"/> Financial Issues (FI) | <input type="checkbox"/> Health Problems (HE) |
| <input type="checkbox"/> Relocating (RE) | <input type="checkbox"/> Campus Location (LO) | <input type="checkbox"/> No Longer Interested (NI) |
| | <input type="checkbox"/> Military Duty (MI) | |

Student Signature: _____ Date: _____

SECTION II: Obtain the signature(s) below:

Select Groups:

1. Director, International Student Services _____ Date: _____
Required for International Students on F-1 or J1 visas
2. Graduate Program Chair/Pharmacy Dean _____ Date: _____
Required for students in any Graduate Program and in the College of Pharmacy. This excludes Unclassified students.

All Students:

1. Financial Aid _____ Date: _____

FOR OFFICE OF THE REGISTRAR USE ONLY:

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

DD DC WW WE IS Housing Veteran Benefits SHAINST Withdrawal Reason EL Email Student