



UNIVERSITY of HAWAII®

HILO CHANGE OF REGISTRATION FORM

FOR CASHIER'S OFFICE USE ONLY:

Amount Paid: _____

VISA / MC / CC Other / MO / Cash / Check #: _____

Date Paid: _____ Cashier: _____

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: uhhro@hawaii.edu

Below are the financial consequences of withdrawing:

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

- Fees will be owed for all withdraws as of the 1st day of instruction
- There is a \$5.00 non-refundable processing fee. Exemptions to the fee can be made by the Dean or Graduate Council Chair
- This form is to be used when making registration changes outside of the normal registration period
- To withdraw from your last class with UH Hilo, use the Complete Withdrawal Form
- Financial aid may be cancelled or significantly reduced if you withdraw
- Registration changes will be made upon completion and submission of this form to the Office of the Registrar
- 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>.

*Deadlines effective Fall 2018

SECTION I: Student Information:

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

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

Student Signature: _____ Date: _____

SECTION II: Credit Card Payment Information:

VISA MC Dollar Amount: _____

Cardholder's Name: _____ Credit Card Number: _____

Cardholder's Phone Number: _____ Expiration Date: _____ CVV2 Code: _____

Cardholder's Signature: _____ Billing Address: _____

By signing this payment authorization form, I acknowledge that this fee is non-refundable and non-transferable.

SECTION III: Course Information & Approving Signatures:

Change of registration forms will be reviewed on a case-by-case basis. Each Dean/Graduate Council Chair has the right to deny a late registration/withdrawal within their college/graduate program.

Register	Withdraw	CRN	Course Alpha & Number	Instructor's Signature of Course
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Assess \$5 Fee: Exempt _____ Not Exempt _____
Dean's Signature of Course* _____ Date _____

**Undergraduate courses (courses 100-400 level) require the dean's signature of the course. Graduate courses (500 level and above) require the Graduate Council Chair's signature (see section below).*

Graduate Students Only (only for students pursuing a Graduate level degree-Masters and Doctoral Degrees):

Please stop here and turn the form into the Graduate Division Office

Graduate Council Chair: _____ Date: _____

For Office Use Only: SOAHOLD* SFAREGS VA
*FO & HW holds checked

Initials: _____ Date: _____

Revised 3/2021