



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:

Table with 3 columns: *If you withdraw on or before:, You will owe Fees:, You will owe Tuition:
Row 1: The 2nd Tuesday of instruction, Classes not on academic record, 0%, 0%
Row 2: The completion of 20% of term, Classes not on academic record, 100%, 50%
Row 3: 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:
[] Academic Difficulty (AD) [] Dissatisfied with Classes (DS) [] Employment (EM)
[] Personal (PR) [] Financial Issues (FI) [] Family Responsibilities (FR) [] Health Problems (HE)
[] Relocating (RE) [] Campus Location (LO) [] Military Duty (MI) [] No Longer Interested (NI)

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