

# University of Hawai'i-West O'ahu COMPLETE WITHDRAWAL FORM

96-129 Ala 'Ike  
Pearl City, HI 96782  
Phone: (808) 454-4700 or toll-free (866) 299-8656  
Fax: (808) 453-6075  
[info@uhwo.hawaii.edu](mailto:info@uhwo.hawaii.edu)  
[www.uhwo.hawaii.edu](http://www.uhwo.hawaii.edu)

**Please submit the completed form to the Student Services Office. Incomplete, illegible and/or unsigned forms cannot be processed.**

Name: \_\_\_\_\_ UH ID: \_\_\_\_\_ - \_\_\_\_\_

Term of complete Withdrawal from UH West O'ahu: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Reason: \_\_\_\_\_

CAMPUS	COURSE ALPHA/NUMBER	COURSE TITLE	LAST DAY OF ATTENDANCE Enter date or Did not attend any classes (check box if applicable)	OFFICE USE ONLY
UH West Oahu	e.g., BUSA 300	Marketing	10/10/08 <input type="checkbox"/> Did not attend class	
UH West Oahu			<input type="checkbox"/> Did not attend class	
UH West Oahu			<input type="checkbox"/> Did not attend class	
UH West Oahu			<input type="checkbox"/> Did not attend class	
UH West Oahu			<input type="checkbox"/> Did not attend class	
UH West Oahu			<input type="checkbox"/> Did not attend class	
UH West Oahu			<input type="checkbox"/> Did not attend class	

### Complete Withdrawal Policies:

- This form is a request to drop **ALL** of my courses at UH West O'ahu for the term indicated above; I am responsible for dropping courses from other UH campuses through the MyUH Portal.
- I understand that if I plan to return to UH West O'ahu the next consecutive semester, I can petition for a leave of absence by submitting the Leave of Absence form, available online at [www.uhwo.hawaii.edu/forms](http://www.uhwo.hawaii.edu/forms). The Leave of Absence form *should* be submitted along with this complete withdrawal form for immediate consideration. If not approved, I must reapply for admission and pay all applicable fees by the appropriate admission deadline.
- All outstanding fines and fees must be paid prior to submission of this form. Failure to clear any financial obligations will prevent processing of this request form. Any outstanding financial obligations incurred after a complete withdrawal from classes will be noted on my University of Hawai'i (UH) student account which will prevent future registration, revocation of all rights and privileges which were conferred by registration or enrollment, and denial of transcripts, diplomas, and other entitlements.
- The effective date used to process this request is the date the Student Services Office receives the completed form and verifies that I have no financial obligations and/or outstanding library books.
- I am responsible for knowing and understanding the refund schedule for withdrawals prior to submitting this form. This information can be found in the UH West O'ahu General Catalog and the Registration Bulletin.
- Financial Aid Recipients** - I have reviewed the *Complete Withdrawal Policy for Financial Aid Recipients* that was sent with my Initial Award Offer letter. Should UH West O'ahu be required to return monies to the federal program(s), I will be required to repay any outstanding balances to the institution.

I have read and understand the statements above.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Office Use Only

Date Received by SSO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**By signing below, you are approving the complete withdrawal for the student named above:**

Student Services Advisor \_\_\_\_\_

Veterans Affairs \_\_\_\_\_

Library \_\_\_\_\_

Financial Aid \_\_\_\_\_

International Student Services Advisor \_\_\_\_\_

Vice Chancellor for Student Affairs \_\_\_\_\_

Registrar \_\_\_\_\_

SFAREGS SFAWDRL SGASTDN SOAHOLD SEVIS DE

	CHARGE	REFUND
TUITION		
GENERAL FEE		
COURSE FEE		
<b>TOTAL</b>		

Refund: \_\_\_\_\_% Amount: \$\_\_\_\_\_

Date: \_\_\_\_\_

Cashier's Office \_\_\_\_\_