

University of Hawai'i at Hilo
Change of Registration Form

Name: _____
 (Print) (Last) (First) (M.I.)

Student ID No. _____

Email: _____@hawaii.edu

Phone No. _____

Signature: _____

Sem: _____ Year: _____

	Course Alpha & No.	Section	Sem Hours	CRN	Instructor's Signature	Date	Office of Registrar Use
<input type="checkbox"/> Add <input type="checkbox"/> Drop	_____						
<input type="checkbox"/> Add <input type="checkbox"/> Drop	_____						
<input type="checkbox"/> Add <input type="checkbox"/> Drop	_____						
<input type="checkbox"/> Add <input type="checkbox"/> Drop	_____						

College Dean/Director Approval: _____

Hours BEFORE change

Hours AFTER change

<p><i>College Dean/Director use:</i></p> <p><input checked="" type="checkbox"/> Change fee exempt</p> <p><input checked="" type="checkbox"/> NOT exempt</p> <p>By: _____ Date: _____</p>	<p><i>Business Office use:</i></p> <p><input type="checkbox"/> Paid Fee (\$5.00 per transaction)</p> <p>Cash / Check / MC / Visa / JCB</p> <p>Collected By: _____</p> <p>Date: _____</p>
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