Email: hawccar@hawaii.edu  
Term: Fall  Spring  Summer  Year: ________  
Are you receiving Veterans Benefits?  Y  N  
VA SCO Acknowledgment  
Date: ______________  
UHID/Username: __________________________________  
Signature: ________________________________________  
Name: _________________________  ___________________  
Last, First, MI  
Add  Drop  Institution  CRN  ALPHA  Number  #CR  Instructor's Signature  Date  
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<th>Institution</th>
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Notes:

1. The Add/Drop form is used to request manual registration. The instructor's signature is required on or after the first day of instruction.
2. Registration overrides must be issued by the instructor before a request to add a class will be processed.
3. If you have applied for or been awarded financial aid, please contact the Financial Aid Office regarding possible changes to your aid package.
4. After the financial aid “freeze” date, approximately three weeks after the start of instruction, please read and sign below.

For those receiving financial aid:
Financial aid adjustments are made as of the “freeze” date, approximately three weeks after the start of instruction. Class(es) added after this date may not be eligible for financial aid funding. If you have any questions or concerns, please contact the Financial Aid Office at (808) 934-2712.

For all students:
You are responsible for paying any and all tuition and fees incurred for registration. Failure to pay for your registration will result in a hold on your account that will prevent future registration. Even if you withdraw from the class(es) or do not attend or do not pay, your registration will not be cancelled and you will still be obligated to pay for the registration.

By signing below you acknowledge reading and understanding the above statements.

______________________________  __________________________  
Signature  Date

Last modified 08/2019