REQUEST FOR COURSE WAIVER/SUBSTITUTION

STEP I: TO BE COMPLETED BY THE STUDENT (Please print):

1) Name
   Last: ___________________________ First: ___________________________ M: ________
   UH ID/Username: ___________________________

2) Major: ___________________________ Degree: ________
   AA       AAS       AS       CA       COC

3) I hereby request permission to be waived from taking:
   Course Alpha: ___________________________ Course No.: ___________________________ Course Title: ___________________________ Credits: ________
   a) ___________________________ ___________________________ ___________________________ ________
   b) ___________________________ ___________________________ ___________________________ ________

and to substitute one or more of the following:
   Course Alpha: ___________________________ Course No.: ___________________________ Course Title: ___________________________ Credits: ________
   a) ___________________________ ___________________________ ___________________________ ________
   b) ___________________________ ___________________________ ___________________________ ________

4) [ ] I have completed the above course(s) at HawCC.
   [ ] I am currently enrolled in the above course(s) at HawCC.
   [ ] I am requesting that the course be transferred from*: ________
      Semester [ ] Quarter system [ ] (choose one)

*Please have course description(s) & transcript attached if not HawCC Course.

Print Name ___________________________ Student's Signature ___________________________ Date ________

STEP II: TO BE COMPLETED BY THE PROGRAM ADVISOR (Student's Major):

I recommend that the above student's request be: [ ] approved [ ] denied

Reason: __________________________________________________________

Print Name ___________________________ Program Advisor’s (student’s major) Signature ___________________________ Date ________

STEP III: TO BE COMPLETED BY THE DIVISION CHAIR (Student's Major):

I recommend that the above student's request be: [ ] approved [ ] denied

Reason(s):

Division Chair's Signature ___________________________ Printed Name ___________________________ Date ________

STEP IV: TO BE COMPLETED BY THE VICE CHANCELLOR FOR ACADEMIC AFFAIRS:

I recommend that the above student's request be: [ ] approved [ ] denied

Reason(s):

Signature ___________________________ Printed Name ___________________________ Date ________

STEP VI: SUBMITTED TO THE ADMISSIONS & RECORDS OFFICE (for office use only):

ACTION TAKEN: [ ] Request was not approved [ ] Waiver/substitution noted on student's record Date/Initials processed: [ ] Transcript evaluation completed and transfer credits accepted/articulated [ ] Other (specify): ___________________________ Date/initials sent: ___________________________