HAWAII COMMUNITY COLLEGE
Admissions & Records Office
1175 Manono Street
Hilo, HI 96720-5096
Tel: (808) 934-2710

ACADEMIC RENEWAL REQUEST FORM

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

Name:______________________
________________________________________________________________________

Last             First             M. Initial

UH ID#/Username:________________________________ Phone #:____________________________________________

Major:__________________________________________ Degree:‘AA ‘AAS ‘AS ‘CA ‘COC

Declare the Term and Year for which Academic Renewal is requested: Fall________ Spring________ Summer________

By signing below, you have indicated that you have read, understood and agreed to all of the following conditions of the Academic Renewal Policy:

 I am currently enrolled at HawCC and the term has begun.
 I have a declared major and am seeking a degree or certificate.
 I have cleared all non-academic holds.
 Academic Renewal can only be taken once at HawCC.
 Academic Renewal may not be applied to courses that have already been used to meet requirements for a previously earned/applied for degree or certificate.
 Academic Renewal semester coursework will remain on my permanent record (transcript) with Academic Renewal notation.
 Academic at-risk status remains on my permanent record (transcript).
 Academic Renewal at HawCC does not guarantee that other institutions will approve such action.
 Academic Renewal does not change the Financial Aid Satisfactory Academic Progress calculation.
 If placed on Academic Dismissal, Academic Renewal may be requested one year after the date of dismissal.

________________________________________________________________________________________________________

Student Signature Date

STEP II: TO BE COMPLETED BY THE PROGRAM ADVISOR OR COUNSELOR:

I recommend that the above student’s request be: approved denied
Reason(s):________________________________________________________________________________________________

______________________________________________________
___________________________________________________
Academic Advisor or Counselor Signature Date

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

I recommend that the above student’s request be: approved denied
Reason(s):________________________________________________________________________________________________

______________________________________________________
___________________________________________________
Vice Chancellor for Academic Affairs Date

STEP IV: SUBMITTED TO RECORDS OFFICE (for office use only):

ACTION TAKEN:
☐ Request was approved—Academic Renewal noted on transcript/GPA recalculated
☐ Request was not approved Date/Initials processed:________________

COPIES SENT:
☐ Student ☐ Advisor/Counselor ☐ VCAA Date/Initials sent:________________