REQUEST FOR WAIVER OF DEGREE RESIDENCY REQUIREMENT

* Submit this form if you do NOT meet the graduation requirements in the following degree program *

(AA) Associate of Arts: **A minimum of 15 credits must be completed at HawCC.**

(AS) Associate of Science; (AAS) Associate of Applied Science; and/or (CA) Certificate of Achievement: **The final 12 semester hours of work must be completed at HawCC.**

To be completed by the student and submitted to the Vice Chancellor of Academic Affairs' office.

Please print

Name_____________________________________ Username/ID_________________________________

Last   First   M

Major_____________________________________ Degree Objective:  □ AA □ AS □ AAS □ CA

Please explain why an exception should be made. Be specific and give details (course work, campus, etc.):

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

__________________________________________    _________________________
Student's Signature         Date

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Decision by Vice Chancellor:

Request for waiver of degree residency requirement:

☐ approved   ☐ not approved

Reason:

__________________________________________    _________________________
Vice Chancellor's Signature       Date

OFFICE USE ONLY:   Processed date___________  Initials_________