REQUEST FOR COURSE WAIVER/SUBSTITUTION

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

1) Name
   Last: ____________________________  First: ______________________ M: ______

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*:
      ___________________________ ___________________________ ___________________________ ___________________________

*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 V: 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: ___________________________  

COPIES SENT: [ ] VCAA   [ ] Student   [ ] Advisor

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