REQUEST FOR COURSE WAIVER/ SUBSTITUTION/ ARTICULATION

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: __________________________

   and to substitute one or more of the following:
   Course Alpha: __________________________
   Course No.: __________________________
   Course Title: __________________________
   Credits: __________________________

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
   Articulate: Yes □ No □
   Circle one

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:
   Reason(s):

   □ approved □ denied
   Articulate: Yes □ No □
   Circle one

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:
   Reason(s):

   □ approved □ denied
   Articulate: Yes □ No □
   Circle one

Signature & Printed Name __________________________ Date __________

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