

**Academic Bankruptcy Declaration Form
University of Hawai'i Hilo**

(Please print)

Student Name: _____ Student ID Number: _____

Address: _____
Street or PO Box City Zip

Email Address: _____@hawaii.edu Phone: _____

I declare _____ (semester) _____ (Year) to be an academically bankrupt semester.

Are all classes for the semester to be bankrupt UH Hilo classes? YES ~~NO~~ If NO, list the Hawai'i CC course taken that semester: _____

If Hawai'i CC classes are included in the semester to be bankrupt and the semester is prior to Summer 1992, you must have the approval of the Hawai'i CC Dean of Instruction to bankrupt the semester.

I have taken note of all courses required for graduation affected by this declaration. I understand that I may need to retake courses or otherwise fulfill requirements previously fulfilled by courses now declared bankrupt. UNDER NO CIRCUMSTANCES MAY LESS THAN A FULL SEMESTER'S WORK BE DECLARED BANKRUPT.

I understand that the following conditions apply:

- 1) The GPA will be recalculated to exclude ALL of the grades from the bankrupt semester, **HOWEVER, the grades from that semester will remain on the transcript.**
- 2) Students may not enroll in a course and receive a grade **INCLUDING** "W" more than three times unless the course is identified as repeatable. A course declared bankrupt will count as one of the three attempts.
- 3) Bankruptcy must be declared **PRIOR** to graduation.
- 4) Only one semester may be declared bankrupt during a student's academic career at UH Hilo.
- 5) **Once declared, academic bankruptcy is NOT revocable.**
- 6) A signature of a Financial Aid Office counselor is required so that students understand the financial aid implications of declaring bankruptcy. (The signature is **required** even if the student never received financial aid).
- 7) Students receiving assistance from other agencies, such as the Veterans Administration, are responsible for determining if there will be consequences for declaring academic bankruptcy.

SIGNATURES:

1. _____ Date _____
Student
2. _____ Date _____
Academic Advisor
3. _____ Date _____
Financial Aid Office Counselor
4. _____ Date _____
Hawai'i Community College Dean of Instruction
(Only if this refers to a semester prior to Summer 1992)
5. _____ Date _____
UH Hilo Dean or Assistant Dean of the College

To process: Submit original to the Office of the Registrar, copy to student, student's advisor, student's file