

University of Hawai'i at Hilo
REQUEST FOR MODIFICATION OF ACADEMIC REQUIREMENTS
(Undergraduate)

Student Name: _____ Student ID #: _____

Student Mailing Address: _____ Phone _____

Expected Graduation Semester: _____ Email Address: _____@hawaii.edu

Major/Minor/Certificate**: _____
(Include option(s), concentration and/or emphasis as appropriate)

SUBSTITUTION:

Major	Minor	Cert	*GE	*Other	Course/Grade/Institution	UHH Course/Requirement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	for _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	for _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	for _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	for _____

WAIVER:

Major	Minor	Cert	*GE	*Other	Specify Requirement:	# of Credits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

JUSTIFICATION:

UH Hilo Catalog Year: _____ Page(s) the requirement(s) is/are listed on: _____

Supporting Documentation (use back of form if needed): _____

APPROVALS:

Print Name

Signature

Date

Faculty Advisor : _____

Program/Dept Chair: _____

Major Minor Cert

** If modifying multiple degree requirements, approval is needed for each program area.

Program/Dept Chair: _____

Major Minor Cert

Program/Dept Chair: _____

Major Minor Cert

* If modifying General Education or other Graduation Requirements, approval is needed from the Dean.

College Dean: _____

General Education Other Graduation Requirements

Date Received by Office of the Registrar: _____ STAR Advisor Notes w/email sent: _____ By: _____