



REQUEST FOR MODIFICATION OF ACADEMIC REQUIREMENTS

(For Undergraduate Programs)

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Building, First Floor Rm E-101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhro@hawaii.edu

SECTION I: Student Information

Student Name: _____ Student ID: _____
 Email: _____@hawaii.edu Phone: _____
 Expected Graduation Semester: _____
 Major/Minor/Certificate Modifying***: _____
 (Include option(s), concentration and/or emphasis as appropriate)

Student Signature: _____ Date: _____

SECTION II: Course Information

Course Substitution:

Major	Minor	Cert	*GE	*Other	Course/Credit/Institution/Semester & Year	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 _____

Course 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"/>	_____	_____

Course Justification:

SECTION III: 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.**

- Approval is needed from the Writing Intensive Coordinator to modify a course for the Writing Intensive (WI) requirement.

WI Coordinator: _____
 College Dean: _____
 General Education Other Graduation Requirements

FOR OFFICE OF THE REGISTRAR USE ONLY:

SHADGMQ _____ VA *STAR NOTE* Date: _____ Initials: _____
 *Email Sent