



PETITION TO SUBSTITUTE AND/OR WAIVE COURSES (For Graduate Programs)

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

This form may be used to waive or substitute a course to fulfill an advanced degree requirement normally met by a University of Hawaii at Hilo course.

SECTION I: Student Information:

Name: _____ Student ID: _____

Email: _____@hawaii.edu Phone: _____

Graduate Program: _____

Student signature: _____ Date: _____

SECTION II: Course Information:

Course Substitutions:

Table with 4 columns: Required Course, Substituted UHH Course, Grade/Credits, Term/Year

Waiver of Requirement:

400 Level Courses Applied to Graduate Program

Table with 4 columns: Required Course, Substituted Course, Grade/Credits, Term/Year

SECTION III: Obtain Approving Signatures

Primary Advisor name: _____

Primary Advisor Signature: _____ Date: _____

Graduate Program Chair name: _____

Graduate Program Chair Signature: _____ Date: _____

SECTION IV: Submit ORIGINAL completed form to the Graduate Division.

Graduate Council Chair's Signature: _____ Date: _____

FOR GRAD DIVISION OFFICE USE ONLY: [] SPACMNT [] STAR Date: _____ Initials: _____

FOR REGISTRAR OFFICE USE ONLY: [] SHADGMQ [] SHACRSE [] SHAINST [] STAR Move [] STAR Note Date: _____ Initials: _____