

REQUEST FOR COURSE WAIVER/SUBSTITUTION
Technical-Occupational Programs

To The Student: (1) You must consult with a counselor before submitting this Request for Course Waiver/Substitution form. (2) For a transfer course used as a course substitute, a course description must be attached to this form. (3) An official transcript other than the University of Hawaii System must also be sent to HonCC Records Office when the course is successfully completed. Only courses taken at a regionally accredited institution, military training evaluated by the American Council on Education, or recognized foreign institution may be considered. (4) Complete this form and submit it to the counselor.

Student Name: _____ Banner ID/SSN: _____
Print Last Name, First Name

Major: _____ Option (if any): _____ Degree (e.g. AAS, AS, CA): _____

Table with 5 columns: COURSE ALPHA/No, CRS, COURSE TITLE, GRADE, SEMESTER. Rows include HONCC COURSE TO WAIVE and COURSE TO SUBSTITUTE.

COLLEGE COURSE TAKEN AT: _____ OFFICIAL TRANSCRIPT IN? YES/NO

REASON FOR THIS REQUEST: _____

I understand that my HonCC advising document and transfer transcript(s) will be reviewed by the Discipline Curriculum Liaison, Division Chairs, and the Dean of the Program for recommendation/approval of the Request of Course Waiver/Substitution. I have discussed this request and its effect on my academic program with the counselor.

Student's Signature: _____ Date: _____

Counselor's Name/Signature: _____ Date: _____ Logged: _____

Comments: _____

-----TO BE COMPLETED BY -----

I. Discipline Curriculum Liaison (student's major): I recommend this request be: [] approved [] disapproved
Reason: _____

Print Name: _____ Signature: _____ Date: _____

II. Division Chair (student's major): I recommend this request be: [] approved [] disapproved
Reason: _____

Print Name: _____ Signature: _____ Date: _____

III. Division Chair (academic area): I recommend this request be: [] approved [] disapproved
Reason: _____

Print Name: _____ Signature: _____ Date: _____

IV. Dean of Program (student's major): This request has been: [] approved [] disapproved
Reason: _____

Print Name: _____ Signature: _____ Date: _____

----- TO BE SUBMITTED TO ABOVE COUNSELOR -----

_____ Date and Counselor's Initial _____ Date Entered Banner

_____ Credits Transferred (if applicable) _____ Date Notified Student