

HONOLULU COMMUNITY COLLEGE

REQUEST FOR COURSE WAIVERS/SUBSTITUTION
MELE PROGRAM

INSTRUCTIONS FOR THE STUDENT

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 : \_\_\_\_\_
Print Last Name, First Name

Address: \_\_\_\_\_
Street City State Zip Code

Major: \_\_\_\_\_ Option (if any): \_\_\_\_\_ Degree : \_\_\_\_\_

Table with 6 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 Division Chair, 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: \_\_\_\_\_

-----TO BE COMPLETED BY-----
MELE Program Coordinator: I recommend this request be: [ ] approved [ ] disapproved
Reason: \_\_\_\_\_
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----TO BE COMPLETED BY-----
Division Chair (student's major): I recommend this request be: [ ] approved [ ] disapproved
Reason: \_\_\_\_\_
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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