

University of Hawai'i  
**Graduate Division · Student Academic Services · Office of the Registrar**  
 200 W. Kawili Street · Hilo, HI 96720 · Tel. (808)974-7322

**Petition to Transfer, Substitute, and/or Waive Courses**

This form may be used to waive, substitute, or transfer a course to fulfill an advanced degree requirement normally met by a University of Hawai'i at Hilo course. Please note that the request for transfer of credits must be made during the **first** semester the student is enrolled in the graduate program.

Name of Student \_\_\_\_\_ UH ID No. \_\_\_\_\_

Graduate Program \_\_\_\_\_ Degree Objective \_\_\_\_\_

**Transfer of Credits:**

Institution	Course Alpha/Number/Name	Credits	Term/Year
_____	_____	_____	_____
_____	_____	_____	_____

**Course Substitutions:**

Required Course	Substituted Course	Grade/Credits	Term/Year
_____	_____	_____	_____
_____	_____	_____	_____

**Waiver of Requirement: List course(s) to be waived and provide justification for the request.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**400 Level Courses Applied to Graduate Program**

Required Course	Substituted Course	Grade/Credits	Term/Year
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Primary Advisor \_\_\_\_\_ Date \_\_\_\_\_  
 (Print & Sign)

Approved \_\_\_ Denied \_\_\_ Graduate Program Chair \_\_\_\_\_ Date \_\_\_\_\_  
 (Print & Sign)

Approved \_\_\_ Denied \_\_\_ Graduate Division Chair \_\_\_\_\_ Date \_\_\_\_\_  
 (Print & Sign)