ACADEMIC RENEWAL REQUEST FORM

STEP I: TO BE COMPLETED BY THE STUDENT (Please print):

Name:_____
<div align="center">Last   First   M. Initial</div>

UH ID#/Username:_____ Phone #:_____

Major:_____ Degree: ↑AA ↑AAS ↑AS ↑CA ↑COC

Declare the Term and Year for which Academic Renewal is requested: ↑Fall_____ ↑Spring_____ ↑Summer_____

By signing below, you have indicated that you have read, understood and agreed to all of the following conditions of the Academic Renewal Policy:

- I am currently enrolled at HawCC and the term has begun.
- I have a declared major and am seeking a degree or certificate.
- I have cleared all non-academic holds.
- Academic Renewal can only be taken once at HawCC.
- Academic Renewal may not be applied to courses that have already been used to meet requirements for a previously earned/applied for degree or certificate.
- Academic Renewal semester coursework will remain on my permanent record (transcript) with Academic Renewal notation.
- Academic at-risk status remains on my permanent record (transcript).
- Academic Renewal at HawCC does not guarantee that other institutions will approve such action.
- Academic Renewal does not change the Financial Aid Satisfactory Academic Progress calculation.
- If placed on Academic Dismissal, Academic Renewal may be requested one year after the date of dismissal.

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_____
Student Signature   Date

STEP II: TO BE COMPLETED BY THE PROGRAM ADVISOR OR COUNSELOR:

I recommend that the above student's request be: ↑approved ↑denied
Reason(s):_____

_____
Academic Advisor or Counselor Signature   Date

STEP III: TO BE COMPLETED BY THE VICE CHANCELLOR FOR ACADEMIC AFFAIRS:

I recommend that the above student's request be: ↑approved ↑denied
Reason(s):_____

_____
Vice Chancellor for Academic Affairs   Date

STEP IV: SUBMITTED TO RECORDS OFFICE (for office use only):

ACTION TAKEN:
☐ Request was approved—Academic Renewal noted on transcript/GPA recalculated
☐ Request was <u>not</u> approved   Date/Initials processed:_____

COPIES SENT:
☐ Student ☐ Advisor/Counselor ☐ VCAA   Date/Initials sent:_____