UNIVERSITY OF HAWAI'I • KAPI'OLANI COMMUNITY COLLEGE Kekaulike Information and Service Center (KISC) 4303 Diamond Head Road, 'Ilima 102 • Honolulu, Hawaii 96816-4421 Phone: 808.734.9555 • Fax: 808.734.9896 • Email: kapinfo@hawaii.edu An Equal Opportunity/Affirmative Action Institution

GRADUATION EXCEPTION REQUEST FORM

Name:			ID:		
	Last	First	Midd	le	(UHID or UH username, SSN)
	JOR (Check and complet Associate in Arts Degree Associate in Science De Certificate of Achieveme	e Major: L	iberal Arts	2 2	
Cata	alog year used:				
	A. Course not offered in B. Equivalent course of C. Graduation residence D. Other (eg. waive course	the semester the impleted (identify car y waiver (for courses include additional e	student graduate mpus if other than K completed outside l xplanation below)	es api`olani CC and ind Kapi`olani CC)	clude course description)
1.	Reason Code: A	aditional info			
2.	Substitute Course Alpha & : Reason Code: A				
	·	#/Title (and campus if other	. ,	KAPCC Course Alp	
3.	Reason Code: A	dditional Info			
	Substitute Course Alpha &	#/Title (and campus if other	for er than KapCC)	KAPCC Course Alp	ha & #/Title
4.	Reason Code: A				
	Substitute Course Alpha & :	#/Title (and campus if oth	for	KAPCC Course Alp	ha & #/Title
Initia	ated by Counselor:				
Sigr	nature		Print		Date
	Approved Not Approvenature		Print		Date
For	Office Use Only KISC – Input by/date:				