University of Hawai'i at Manoa Shidler College of Business Office of Student Academic Services 2404 Maile Way; B-101; Honolulu, Hawai'i 96822-2282 Telephone: (808) 956-8215 Email: business@hawaii.edu

Undergraduate Program Petition Pre- Business Students

Student: Please fill out sections I and II.

I. Name:			,		
Student I.D.:			First Today's Date:		
Intended Major:					
Current/Local Address	::				
<i>m</i> 1 1 N	City		tate	Zip Code	
•					
II. STATEMENT OF R	EQUEST: If you are petits se description, the textboo	ioning for course equiv	alency, please attac	ch a course syllabus that	
Course No.:	Course No.: Course Title:				
Institution (Please spel	ll out):				
Semester/Quarter Tak	en: ☐ SPRING	□ SUMMER	☐ FALL	Year:	
Petitioning for:					
☐ Course Equiv	ralency to:				
☐ Concurrent E	nrollment with:				
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	OFFICE USE ONLY	•••••	•••••	
III. Referred to:				Chairperson/Faculty/Dean	
1	CC ITM I FIN I				
I recommend:	☐ Appro	ved \square	Disapproved for	the following reasons	
	Signature:				
IV. Senior Director has	□ Approved		proved for the follow		
Date:/	Signature:				

CC: Admissions & Records

Rev: 10/2022