University of Hawai‘i at Manoa  
Shidler College of Business  
Office of Student Academic Services  
2404 Maile Way; B-101; Honolulu, Hawaii’i 96822-2282  
Telephone: (808) 956-8215; Fax: (808) 956-9890  
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Undergraduate Program Petition  
Pre- Business Students

Student: Please fill out sections I and II.

I. Name: ________________________________  ________________________________  Today’s Date: __________
   Last                                      First
Student I.D.: ____________________________  Class Standing: ____________________________
Intended Major: ________________________________
Current/Local Address: ________________________________
   Street:
   City       State     Zip Code
Phone No.: _____________  Email: ________________________________

II. STATEMENT OF REQUEST: If you are petitioning for course equivalency, please attach a course syllabus that includes a detailed course description, the textbook(s) used, and the chapters covered to support your request.

   Course No.: ________________________________  Course Title: ________________________________
   Institution (Please spell out): ________________________________
   Semester/Quarter Taken:  ☐ SPRING  ☐ SUMMER  ☐ FALL  Year: __________________
   Petitioning for:
   ☐ Course Equivalency to: ________________________________
   ☐ Concurrent Enrollment with: ________________________________

III. Referred to: ________________________________  Chairperson/Faculty/Dean
   Department:  ☐ ACC  ☐ BLAW  ☐ ENT  ☐ FEI  ☐ HRM  ☐ ICS  ☐ ITM/MIS  ☐ MGT/IB  ☐ MKT
   Other: ________________________________
   I recommend:  ☐ Approved  ☐ Disapproved for the following reasons:
   ____________________________________________________________________________
   ____________________________________________________________________________
   Date: ___/___/___  Signature: ________________________________

IV. Undergraduate Director has  ☐ Approved  ☐ Disapproved for the following reasons:
   ____________________________________________________________________________
   ____________________________________________________________________________
   Date: ___/___/___  Signature: ________________________________