I _____________________ agree to participate in the Ka Hikina O Ka Lā program at the University of Hawaii Maui College. As a participant I understand that the program staff must monitor my academic status and that I am responsible for meeting all of the program requirements according to the guidelines specified. If I am unable to meet the requirements on a semester basis I understand that I will no longer be eligible for the program. I understand that these guidelines are subject to change at the discretion of the program staff.

Program Requirements:

- Current graduate student ¹
- Mandatory program orientation (new students)
- Academic promise letter – signed
- Minimum 3.0 CumGPA (All graduate level coursework attempted/completed within last 10 years)
- Enrolled full-time (credit/unit load may vary by campus)
- 100% course completion rate with a “B” or better (excludes B- on +/- system)
- Continue to make progress towards a graduate Hawaiian Studies or STEM degree ²
- Meet with program counselor twice per semester or once per quarter
- Budget worksheet and Student Intake Profile Questionnaire completed before 1st counseling session (1st year students)
- Program forms completed (Photo Waiver, WH1, Medical Consent, Risk and Release)
- 1- day STEM workshop (Fall) ³
- 1- day Cultural workshop (Winter/Spring) ³
- Create an blog highlighting academic experience (e.g. provide information regarding challenges with classes; opportunities working with researchers) ⁴
- Participate in the programs alumni network

¹ Students who are pursuing a graduate/doctoral degree at an accredited institution after completing prerequisite coursework/degree at UHMC will be given priority
² Degrees must be approved by program staff
³ Mainland students are required to locate an applicable event in their immediate area and gain program approval
⁴ Blog must be updated bi-weekly
By signing this document I verify that I have read the program requirements listed above and understand that I must continue to meet these requirements in order to remain eligible for the program. I have received a copy of the signed document for my personal records.

__________________________________________ Date _______________

Student Participant

__________________________________________ Date _______________

Program Director/Counselor