

Use this form to request an exception to the application deadline.

## SECTION 1: STUDENT INFORMATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## SECTION 2: EXCEPTION REQUEST

Prior to submitting this request, please complete an admissions application for the next available quarter. If the request is approved, your application will be processed for the quarter requested.

Admissions Application Number \_\_\_\_\_

Requested Quarter  Summer  Fall  Winter  Spring Year \_\_\_\_\_

Have you previously attended CBC?  No  Yes - Years attended \_\_\_\_\_

Have you previously attended another college or university?  No  Yes - List institution(s) and years attended attended below:

*Briefly explain why you are requesting an exception to the application deadline:*

*How do you plan to pay for classes? Please explain:*

## SECTION 3: SUBMIT THE REQUEST

A response will be issued via email within 1 to 3 business days.

### In Person

Hawk Central  
2600 N. 20th Ave.,  
Pasco, WA 99301  
H Building

OR

### Email

records@columbiabasin.edu

Approved  Denied

Date \_\_\_\_\_

Staff Initials \_\_\_\_\_

Student ID \_\_\_\_\_

Revised 10/2023

 **EMAIL**  
records@columbiabasin.edu

 **PHONE**  
509.547.0511

 **ADDRESS**  
2600 N. 20th Ave.

 **WEBSITE**  
columbiabasin.edu/apply