

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

SECTION 1: STUDENT INFORMATION

First Name _____ Middle Initial _____

Last Name _____

Phone _____ Email _____

SECTION 2: EXCEPTION REQUEST

Quarter Summer Fall Winter Spring Year _____

Have you previously attended CBC? Yes No

Have you previously attended another college or university? Yes No

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

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

OR

Email
records@columbiabasin.edu

Approved Denied

Date _____

Staff Initials _____

Revised 7/2020

 **EMAIL**
records@columbiabasin.edu

 **PHONE**
509.547.0511

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

 **WEBSITE**
columbiabasin.edu/apply