

Registrar's Office - registrar@cwi.edu - 208.562.3000 phone - 888.562.3216 fax PO Box 3010 - MS 1000 - Nampa, ID 83653 - www.cwi.edu

This form is used to request exceptions to academic and degree requirements for graduation purposes.

We strongly encourage students to work with their assigned advisor in completing this form.

It is the student's responsibility to provide rationale and/or documentation justifying the exception requested.

The student submits the form to the Department Chair over their degree program.

Once the form has been completed and all approval signatures have been obtained, the form will be processed in the Registrar's office. Students will receive notification of the decision via student e-mail.

PROGRAM INFORMATION

FIRST NAME	MIDDLE INITIAL
PHONE NUMBER (INCLUDING AREA CODE)	DATE OF BIRTH
MAJOR	CATALOG YEAR
ADVISOR'S NAME	
	PHONE NUMBER (INCLUDING AREA CODE) MAJOR

REQUEST FOR EXCEPTIONS

Attach unofficial transcript to this form. Unofficial transcripts can be obtained on MyCWI.

Please describe in detail the following:

A) Check One: 📃 Major/Program Re	quirement	General Education	Other Degree/Certificate Requirement
B) List the course or requirement you wish to receive an exception for:			
 The course(s) you are requesting to substitute for the above requirement: 			
 Your justification, including supporting documentation. You may attach additional pages if needed. 			

STUDENT SIGNATURE

STUDENT SIGNATURE

DATE

FOR OFFICE USE ONLY				
APPROVAL SIGNATURES				
1. DEPARTMENT CHAIR (DEGREE) SIGNATURE		DATE		
PRINT NAME	PHONE NUMBER	APPROVED DENIED		
2. DEPARTMENT CHAIR (DISCIPLINE) SIGNATURE		DATE		
PRINT NAME	PHONE NUMBER	APPROVED DENIED		
3. DEAN (DEGREE) SIGNATURE		DATE		
PRINT NAME	PHONE NUMBER	APPROVED DENIED		