



## REGISTRATION EXCEPTION

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

This form is used for registering or reinstating courses, **only if you cannot complete registration online**. It must be submitted in person, through the student's CWI email, by fax or mail with a copy of current photo ID. Only exceptions to registration policies require an override signature.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
STUDENT ID -OR- SSN \_\_\_\_\_ PHONE NUMBER (INCLUDING AREA CODE) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OVERRIDE CODES AND REQUIRED APPROVALS <sup>^</sup>				
Advisor	Instructor	Department Chair	Instructor and Department Chair	No Approval Required
<b>AV</b> - Advising hold	<b>A</b> - Audit a course	<b>RA</b> - 4th or more repeat attempt	<b>REQ</b> - Requisite (Corequisite or Prerequisite)*	<b>R DNP</b> - Reinstatement after Drop for Non-Payment
<b>O</b> - Overload - Registering for more than 20 credits (10 credits for summer semesters)	<b>R DNA</b> - Reinstatement after Drop for Non-Attendance			<b>R</b> - General Reinstatement (Deadline for reinstatement is 5 days after drop date)
<b>S</b> - Academic Contract	<b>L</b> - Late Registration			<b>W</b> - Waitlist**

<sup>^</sup>Required approvals include a wet signature, a digital signature, or an email that specifically states what the approval is overriding.

\*See CWI Catalog for course co/prerequisites. If Instructor Permission (PERM/INST) is listed in the course description, an instructor may approve an override with justification. Any other exceptions must be approved by the department chair.

\*\*By waitlisting, I understand that this does not register me for this course, and it is my responsibility to check my CWI e-mail account. Once given permission I have 48 hours to submit a Registration Exception form to Registrar's Office and ensure I am registered in the course. If the 48 hour window passes or falls on a weekend or holiday when a Registration Exception form cannot be submitted and subsequently I cannot be registered in the course, I acknowledge that my seat will be forfeited.

### NEW COURSES

Semester : Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Subject	Course #	Section #	Title	Credits	Override Code <small>** If W - student initials required</small>	Override Signature <small>Advisor/Instructor/Department Chair</small>	Override Date

### SECTION CHANGES

Semester : Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Subject	Course #	Drop Section	Add Section	Title	Credits	Instructor Signature <small>(Add Section Only)</small>	Date

### STUDENT FINANCIAL AGREEMENT/SIGNATURE

IMPORTANT: By registering for any class or receiving any service from College of Western Idaho, I accept full responsibility to pay all tuition, other fees, and any other obligations that become owed to the College for the current term and any subsequent terms. I must follow normal add/drop and withdrawal procedures of the College as outlined in the CWI Catalog for each term of enrollment. Add/drop, withdrawal, and other important dates are published in the College's Academic Calendar. Non-attendance or non-completion of a course does not relieve me of my charges. I understand that if my account becomes delinquent (which may include but is not limited to tuition and other fees associated with the courses, financial aid, student activity fees, and other campus and college fees), I will be liable for and agree to pay the College of Western Idaho all costs and expenses incurred by the College in seeking collection of the delinquent obligations, including but not limited to fees and costs charged by third parties, such as reasonable attorney fees and costs. Further, I understand that the College of Western Idaho may refer my delinquent account to a third-party collection agency. If that occurs, I agree to pay any fees and costs assessed by the collection agency, which may include a fee calculated on a percentage not to exceed 33% of the outstanding delinquency.

AUTHORIZATION: I hereby authorize the College of Western Idaho and its respective agents and contractors to contact me regarding my financial aid and/or student account, including but not limited to any balances that are becoming due or for delinquencies that are owed the College, at the current or any future number that I provide for my cellular phone or other wireless device, using automated telephone dialing equipment or artificial or pre-recorded voice or text messages, or otherwise.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_