



**Waiver Request for Institutional Exception to the College Opportunity Fund
145 Lifetime Hours**

PLEASE PRINT:

_____	Student ID Number (PID)
_____	Last Name
_____	First Name
_____	Middle Name
_____	Current date (mm/dd/yyyy)
_____	Major
_____	Mailing Address
_____	City, State, and Zip Code
_____	Day time telephone number (xxx-xxx-xxxx)
_____	E-mail address

If a waiver is approved, you must complete the additional hours within 3 consecutive terms, not to exceed a period of 365 days.

Only one institutional waiver for COF lifetime hours is allowed per student during that student's lifetime. Please plan accordingly.

I will need to complete _____ additional credit hours for this waiver.

I want to complete these hours over the following consecutive semester term(s):

Semester Term 1 _____ number of credit hours anticipated _____

Semester Term 2 _____ number of credit hours anticipated _____

Semester Term 3 _____ number of credit hours anticipated _____

Certification Statement

- I certify that to the best of my knowledge the information included in this waiver request is accurate, true and unaltered. If false information or falsified supporting documentation is found to have been included in this waiver request, the request becomes void, and the resultant action becomes retroactively nullified.
- I understand that if this COF institutional waiver is approved, it is a once in a lifetime waiver for the 145 COF lifetime hours limit, and all hours approved must be completed within the terms specified.
- I understand that if I have not received a baccalaureate degree at the end of the waiver period and choose to continue my course work, I must pay full tuition (without COF voucher credit) for all hours in excess of the hours added to my COF lifetime limit.
- I understand that if this COF institutional waiver is denied I have the opportunity to apply for a COF waiver through the Colorado Commission on Higher Education (CCHE) at the following website: http://highered.colorado.gov/finance/cof/COFWaiverApp_061915.pdf
- The CCHE application process will be followed according to the CCHE requirements.

Student signature

Date

For Office Use Only

As of _____ date:

COF lifetime hours: _____

COF hours used: _____

COF hours remaining: _____

_____ Waiver denied because criteria not met

_____ Waiver denied because waiver limit met – CCHE waiver possible

_____ Waiver approved Start term _____ End Term _____