

**CCHE WAIVER REQUEST FOR EXTENSION OF COLLEGE OPPORTUNITY FUND
LIFETIME CREDIT HOUR LIMITATION**

This is the official form to request a Colorado Commission on Higher Education (CCHE) Waiver from the College Opportunity Fund (COF) when:

- You have used all of the original 145.00 undergraduate hours allotted under this state funding program; AND
- You have previously applied for and been granted, or denied, an institutional waiver at your current college; AND
- You need additional COF hours for courses required to complete the undergraduate degree or certificate program you are currently enrolled in.

PLEASE NOTE: There are two waiver processes to receive additional COF hours. The first is called an “institutional waiver” and is applied for at the college you are attending. If you are attending a public college, you must always apply for the institutional waiver before you apply for a CCHE Waiver. No CCHE Waiver will be considered unless you have already applied and received, or been denied, an institutional waiver from the college. If you are denied an institutional waiver you should submit the CCHE Waiver Request within the same semester you are denied the institutional waiver since you are responsible for paying the total tuition due your college unless this CCHE Waiver is granted. Your CCHE Waiver will be considered based on the information and supporting documentation you provide and the supporting or opposing information submitted by the appropriate college officials.

If you are attending a private college and need additional hours to complete your undergraduate degree the college does not have statutory authority to grant you an institutional waiver. Therefore your sole waiver option is the CCHE Waiver Request form.

Please return Pages 2 - 4 of this completed form and all supporting documentation to:

Colorado Department of Higher Education
1600 Broadway, Suite 2200
Denver CO 80202
ATTN: CCHE Waivers

If you have any questions please call: 720-264-8550

**CCHE WAIVER REQUEST FORM FOR EXTENSION OF COLLEGE OPPORTUNITY FUND
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Please print clearly, or type, and complete all sections. Incomplete forms will be returned.

SECTION 1: Student Information

COF Person ID* _____

First Name _____ Middle Initial _____

Last Name _____ Date of Birth _____

Mailing Address (Street or PO BOX #) _____

City _____ State _____ Zip Code _____

Telephone Number (Day Time) _____

E-Mail Address _____

Name of College You Are Attending _____

*Please call the College Opportunity Fund at 720-264-8550 for this number.

The above information will be used to locate your COF account, to contact you and your college in case there are questions regarding this CCHE Waiver Request, or if additional documentation is required, and to notify you and your college of the approval or denial of this request. **All information submitted in this form will remain confidential.**

SECTION 2: Justification for Receiving the CCHE Waiver

According to the Colorado Revised Statutes, Section 23-18-202(5)(e)(I-IV), CCHE may only grant a waiver for additional COF hours under the following circumstances:

- A. You have extenuating circumstances that exist relating to your health or physical ability to complete this degree program within the original lifetime credit hour limitation; OR
- B. The degree program you are currently enrolled in requires more than 120 credit hours to complete and the program has been approved by CCHE; OR
- C. While you were enrolled in the current degree program CCHE approved and the college implemented a modification or adjustment of the degree requirements or standards for that degree; OR
- D. Requiring you to pay the full amount of the total tuition for credit hours that exceed the 145 hours originally allotted you would cause substantial economic hardship on you and your family.

On a separate page, please state the reason or reasons you are requesting this CCHE Waiver for additional COF hours. The explanation should clearly show how you meet at least one of the circumstances described above, and supporting documentation should be provided as follows:

- If you choose A – provide a dated letter from your attending physician on his or her letterhead, describing the general nature of your illness or injury, relevant dates and why you were not able to complete the coursework within the normal timeframe.
- If you choose B – provide documentation from your student advisor indicating the requirements for your degree program; or the course requirements with total credit hours required from the college catalogue.
- If you choose C – provide documentation from your student advisor indicating the new requirements for your degree program.
- If you choose D – provide documentation explaining why paying the total tuition rather than tuition less the COF stipend amount would create substantial economic hardship for you or the person who pays your tuition bill.

In addition to the documentation required above, if you have been denied an institutional waiver, you must include that in your reason and submit that denial information.

SECTION 3: Classes Required to Complete Program Requirements

I am requesting COF funding to help pay the cost of tuition to complete the following classes in order to receive my _____ degree in _____.

I intend to take these classes as listed below:

<u>Course Number (e.g. MAT 101)</u>	<u>Term (e.g. FALL 2015)</u>	<u>Credit Hours</u>
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
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Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____

Course #: _____ Term: _____ Credits: _____

Course #: _____ Term: _____ Credits: _____

Course #: _____ Term: _____ Credits: _____

TOTAL CREDIT HOURS REQUESTED: _____

SECTION 4: Advisor Authorization

I agree the above classes are required to complete this degree program.

Advisor Name: _____ Phone: _____

Advisor E-mail: _____

Advisor Signature: _____ Date: _____

SECTION 5: Certification Statement:

Please read this section carefully before signing. If you have any questions about any of these statements please call the College Opportunity Fund for clarification.

- I certify that, to the best of my knowledge, the information I have provided in this CCHE Waiver Request is accurate, true and unaltered. If false information or falsified supporting documentation is discovered to have been included in this waiver request, the request becomes void and any action to grant the additional hours and COF funding will become retroactively nullified. In that event any funding paid to my college will be withdrawn and I will owe the college for any funding paid through this request.
- I understand I can only be approved for a CCHE Waiver once and it is only valid for the course work I need to complete the degree program in which I am currently enrolled (as listed above in Section 3).
- I understand I am responsible for the student's share of tuition, plus all applicable fees, for all hours granted under this CCHE Waiver.
- I certify that I previously applied for an institutional waiver from the college and have either received the waiver and need additional credit hours to complete my degree program or I was denied that institutional waiver.

I have read and understand each of the statements. My signature verifies my understanding and agreement with these statements.

Signature

Date Signed