

**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 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 public 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 public college you are attending. You must always apply for the institutional waiver at a public college 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. **PLEASE NOTE:** 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. Your sole waiver option is the CCHE Waiver.
- The second is called a “CCHE Waiver” and is the final request a student can submit for additional COF hours. You should submit the CCHE Waiver within the same semester you are denied the institutional waiver since you are responsible for paying the total tuition due your college unless the CCHE Waiver is granted. Your CCHE Waiver will be considered based on the information and supporting documentation you provide and, if required, the supporting or opposing information submitted by appropriate college officials.

Please return: (1) Pages 2 – 4 of this completed form; (2) a written statement indicating which circumstance in Section 2 relates to your situation; (3) all supporting documentation; and (4) the Checklist to:

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

OR: You can submit the information by e-mail attachment to: AskCOF@dhe.state.co.us

Please do not provide any Social Security Numbers in any documentation submitted with this form.

If you have any questions please call: 720-264-8550 or e-mail AskCOF@dhe.state.co.us

**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 (All Information is Required)

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 or e-mail AskCOF@dhe.state.co.us for your COF Person ID – this is NOT your Social Security Number or your College Student ID.**

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, 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), a CCHE Waiver for additional COF hours may only be granted under the following circumstances. Please choose at least one of the four circumstances listed below:

- A. You have extenuating circumstances that exist relating to your health or physical ability that prevented you from completing 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: (1) state which of the four circumstances above you chose; (2) explain how that circumstance applies to your situation; and (3) provide documentation in support of that statement, as indicated below:

- If you chose A – provide a dated letter from your attending physician, on their letterhead, describing the general nature of your illness or injury, relevant dates and why this prevented you from completing the coursework within the normal timeframe.
- If you chose B – provide documentation from your advisor indicating the total credit hours required by the college to complete the degree program listed in Section 3 below; or a copy of your degree program from the college course catalogue showing how many credit hours are required to complete that program. This option only applies to your current degree program.
- If you chose C – provide documentation from your advisor listing the new requirements implemented after you enrolled in your current degree program.
- If you chose D – provide documentation to verify your statement that 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.

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 to receive my _____ degree in _____.

I intend to take these classes as listed below: **If you need additional space to list all of your classes, please provide a separate page and remember to total all hours requested on the top of page 4.**

<u>Course Number (e.g. MAT 101)</u>	<u>Term (e.g. FALL 2023)</u>	<u>Credit Hours</u>
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
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 for this student 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 contact the College Opportunity Fund for clarification.

- I certify that, to the best of my knowledge, the information I have provided in this CCHE Waiver is accurate, true and unaltered. If false information or falsified supporting documentation is discovered to have been included, 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 have read and understand each of the statements. My signature verifies my understanding and agreement with these statements.

Signature

Date Signed



COLORADO

Department of
Higher Education

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CHECKLIST

PLEASE COMPLETE AND RETURN THIS CHECKLIST WITH YOUR CCHE WAIVER FORM:

I HAVE (check each box):

- _____ Completed all information in Section 1.
- _____ Selected the circumstance in Section 2 that applies to my situation.
- _____ Written a statement indicating which circumstance applies to me and why.
- _____ Provided separate documentation to support the above statement.
- _____ Stated what degree I am pursuing (e.g. Associates Degree in Nursing, Bachelor Degree in Computer Science, etc.).
- _____ Listed all courses required to complete this degree.
Please note: if you are taking classes at more than one college that will be counted toward this degree on your transcript and have given authorization to each college to bill COF you need to list each college in the student information section (Section 1 on page 2) and list all classes by college and term in Section 3. This is important since once you provide authorization to a college to bill COF each college you are taking undergraduate classes with can request payment for those classes if you have given authorization to the college to bill COF and have hours available. If you have ANY questions about this please call College Opportunity Fund at 720-264-8550 or e-mail AskCOF@dhe.state.co.us
- _____ Entered the total credit hours requested as required at the top of page 4.
- _____ My advisor at my college has reviewed my classes listed in Section 3 and completed Section 4 verifying that they are required for me to complete my degree program.
- _____ Reviewed the Certification Statement and have signed and dated that section indicating I agree with each of those statements

Signature

Date Signed

INCOMPLETE FORMS WILL BE RETURNED