



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

PLEASE PRINT

Completed Form should be turned into the APAA Office

Student ID#: _____	Date: _____
Name (Last, First, MI) _____	
Daytime Telephone _____	E-mail _____

- I have reviewed my academic progress with my advisor. We agree that I need to complete _____ additional credit hours to receive a baccalaureate degree. I will complete these hours over the following consecutive semesters:

Semester 1 _____	Anticipated Credit Hours: _____
Semester 2 _____	Anticipated Credit Hours: _____
Summer _____	Anticipated Credit Hours: _____

Advisor:

Name _____	Signature _____
Phone _____	E-mail _____

- On a separate page, describe the reason(s) you are requesting an exception to the 145 credit hour limit.

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, the request will become void and the resultant action will be retroactively nullified.
- I understand that if this COF institutional waiver is approved, it is a **one-time waiver of the 145 COF lifetime hours limit**, and all hours approved must be completed within the semesters specified by the Waiver Committee.
- 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 stipend credit) for all hours in excess of the hours added to my COF lifetime limit.
- I understand that, if I have exhausted the institutional waiver, I can apply for a waiver through the Colorado Commission on Higher Education (CCHE).

Student Signature

Date

For Waiver Committee /Office Use Only

_____ Waiver denied –criteria not met	CAPP Review _____
_____ Waiver denied – waiver limit met, CCHE waiver possible	Advisor Review _____
_____ Waiver approved – credit hours granted: _____	Student Accounts Review _____
Start Semester _____ End Semester _____	

As of date: _____ COF Hours Used: _____
COF Hours Remaining: _____