

TERM: _____



College Opportunity Fund (COF) Appeal

Admissions & Records, ACC, 5900 S Santa Fe Drive, Littleton, CO 80160-9002
FAX: 303-797-5970 EMAIL: admissions@arapahoe.edu

Instructions to request COF Stipend for past semesters:

- Fill out this form completely and legibly; all appeals must be in writing.
- Submit all documentation with this form. *All information submitted is confidential.*
- ACC will consider each waiver request based on the materials provided and the facts submitted by the appropriate ACC offices and/or individuals.
- ACC must receive the COF Appeal Request within two semesters of the student not receiving the COF stipend.
- Return the COF Appeal form and all supporting documentation to:
COF Administrator – Admissions and Records
Arapahoe Community College
5900 S. Santa Fe Drive
PO Box 9002
Littleton, CO 80160-9002

Process and Deadlines

- ACC calculates excess COF lifetime hours at full tuition. Submitting a COF Waiver Request does not exempt you from tuition fees or deadlines and does not guarantee approval.
- If ACC approves the COF Appeal, ACC will recalculate your tuition bill.
- ACC will notify you of a final decision in writing or via e-mail. The COF Appeal Committee will meet monthly to review all requests. The decision of the committee is final and binding-there is no appeal after the Committee has made its decision.

Student Number (S#): _____

Name (First, Middle, Last): _____

Mailing Address: _____

Day-time phone number: _____

E-mail address: _____

TERM: _____

COF Appeal

Please explain why you did not receive the COF stipend for previous semester(s) and why you are petitioning for the stipend now. Please include all documentation with the petition.

Certification Statement

I hereby certify that, to the best of my knowledge, the information furnished on this form is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for disciplinary and / or legal action.

By entering my full legal name, I am creating an electronic signature as binding as my handwritten signature.

Student signature

Date

For COF Appeal Committee/Office Use Only

As of _____ date:

_____ Appeal Denied.

_____ Appeal approved for: Semester _____ COF Hours _____

CFO Signature: _____

Notified Finance Department: _____

Sent Student Letter: _____