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

Admissions & Records, ACC, 5900 S Santa Fe Drive, Littleton, CO 80160-9002

FAX: 303-797-5970 EMAIL: admissions@arapahoe.edu

### **Instructions to request additional COF lifetime hours:**

- 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 Waiver Request within the semester you exceed your COF lifetime limit. ACC cannot grant COF Waiver Requests retroactively.
- Return the COF Waiver Request form and all supporting documentation to:  
Marissa Reuther – Admissions and Records  
Arapahoe Community College  
5900 S. Santa Fe Drive  
PO Box 9002  
Littleton, CO 80160-9002  
Fax: 303.797.5970

### **Process and Deadlines:**

- The State of Colorado limits the number of waivers to COF lifetime hours that ACC may provide in an academic year. ACC's Registrar's Office monitors and grants COF Waivers.
- If approved, ACC will award the student a one-time waiver. The student must use the additional stipend hours within three consecutive semesters. ACC may only award one institutional waiver, so plan accordingly.
- 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 Waiver Request and awards additional COF lifetime hours, ACC will recalculate your tuition bill and adjust your COF lifetime hours. As part of the COF required reporting, ACC will notify the College Assist of the COF institutional waiver status.
- ACC will notify you of a final decision via student email. The COF Waiver Request Committee will meet monthly to review all requests. The decision of the committee is final and binding-there is no secondary appeal at ACC after the Committee has made its decision. After being denied by ACC, Students have the right to submit their appeal for additional COF hours to the Colorado Department of Higher Education.
- To be eligible for a COF Waiver, the student must:
  - Provide a statement
    - Including your name, student ID number, and major
    - Reasoning for requesting additional hours
  - Provide a copy of the DegreeCheck audit (printed from myACC)
  - Complete the DegreeCheck plan (page 4)
    - Plan of three consecutive semesters you would like additional COF hours to be applied
  - Complete the COF Waiver Request form (page 3)

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Revised 3.16.17

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**Waiver Criteria and Documentation:**

The criteria reviewed to grant a waiver to the COF 145 lifetime hours include the following:

- Extenuating circumstances exist outside the student’s control that kept the student from finishing the degree program within the 145 COF lifetime credit hour limit.
- CDHE approved and the institution implemented an alteration of the degree requirements or standards for the student’s specific degree.
- According to SB04-189 and SB05-132, priority for waivers to the COF undergraduate maximum hours are given to students who participated in the Post-Secondary Options Program (PSEO) or Fast Track program after July 1, 2006, and who still might need more than 145 COF hours to complete their associate’s degree/certificate program.
- Receiving instruction for the purpose of job retraining.
- Requiring student to pay full amount of total tuition would cause substantial financial hardship on student.

**Additional ACC considerations for COF Waiver Requests:**

Review of the student’s academic transcript, including changes in major, course withdrawals, etc.;

**Documentation:**

Waiver Criteria	Supplemental Documentation
Extenuating circumstances outside student’s control that kept student from finishing degree program.	<ul style="list-style-type: none"><li>• Documents illustrating the extenuating circumstances</li><li>• DegreeCheck audit illustrating completed and pending courses</li><li>• DegreeCheck Planner showing future course plan</li></ul>
CDHE approved and institution implemented altered degree requirements	<ul style="list-style-type: none"><li>• Documentation showing the original and new degree requirements</li><li>• DegreeCheck audit illustrating completed and pending courses</li><li>• DegreeCheck Planner showing future course plan</li></ul>
Took PSEO classes prior to July 1, 2006	<ul style="list-style-type: none"><li>• Transcripts documenting the PSEO classes</li><li>• DegreeCheck audit illustrating completed and pending courses</li><li>• DegreeCheck Planner showing future course plan</li></ul>
Receiving instruction for the purpose of retraining	<ul style="list-style-type: none"><li>• Documentation illustrating why the classes are needed for retraining</li><li>• DegreeCheck audit illustrating completed and pending courses</li><li>• DegreeCheck Planner showing future course plan</li></ul>
Financial Hardship	<ul style="list-style-type: none"><li>• Documentation explaining the financial hardship</li><li>• DegreeCheck audit illustrating completed and pending courses</li><li>• DegreeCheck Planner showing future course plan</li></ul>
Changes in major, course withdrawals, etc.	<ul style="list-style-type: none"><li>• Documentation explaining major changes, course withdrawals, etc</li><li>• DegreeCheck audit illustrating completed and pending courses</li><li>• DegreeCheck Planner showing future course plan</li></ul>

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

**Name** (First, Middle, Last): \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

This is a new address. Please update.

**Student Email:** \_\_\_\_\_ **@student.cccs.edu** **Phone number:** \_\_\_\_\_

**I. Justification:**

Attach a typed rationale explaining why you are requesting an exception to the 145 College Opportunity Fund lifetime credit hours maximum. Explain how you meet the circumstances listed under Waiver Criteria and Documentation. Make sure all applicable supplemental documentation.

**II. Certification Statement**

- I certify to the best of my knowledge the information in this COF 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 one-time lifetime waiver for the 145 COF lifetime hours limit, and all hours approved must be completed within three consecutive semesters specified by the COF Waiver Committee.
- I understand submitting a COF Waiver Request does not guarantee approval. ACC will notify me via student email about the status of my COF Waiver Request.
- I understand that if I have not received an associates/certificate degree at the end of the waiver period and choose to continue my course work, I must pay full tuition (without COF credit) for all hours in excess of the hours added to my COF lifetime limit.

**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.**

**Student Signature**

**Date**

**For Waiver Committee/Office Use Only**

As of \_\_\_\_\_ date: COF hours used \_\_\_\_\_ COF hours remaining \_\_\_\_\_

Requesting a total \_\_\_\_\_ additional credit hours for \_\_\_\_\_ semester(s)

\_\_\_\_\_ Waiver denied because: [ ] criteria not met. [ ] waiver limit met – CDHE waiver possible.

\_\_\_\_\_ Waiver approved Start term \_\_\_\_\_ End term \_\_\_\_\_

\_\_\_\_\_ Email sent \_\_\_\_\_ Updated in Banner

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

