

**COLORADO DEPARTMENT OF HIGHER EDUCATION
COLLEGE OPPORTUNITY FUND APPEAL FORM**

The Department of Higher Education (DHE), under the authority of the Colorado Commission on Higher Education (CCHE), will accept appeals from students who believe there was a mistake made with their College Opportunity Fund (COF) stipend billing after the student has tried to resolve the issue with their respective institution.

Instructions

- Fill out all forms completely and legibly; no in-person or telephone appeal applications will be considered.
- Any documentation supporting your claim should be submitted with this form. *All information submitted will remain confidential.*
- Your appeal application will be considered based on the materials that you provide, including the supporting or opposing facts submitted by the appropriate institutional offices and/or individuals.
- Return the attached DHE APPEAL FORM FOR COLLEGE OPPORTUNITY FUND STIPEND and all supporting documentation to:

Colorado Department of Higher Education
1560 Broadway, Suite 1600
Denver, CO 80202
Attention: COF Appeals

OR Fax information to: 303-866-4266

Submitting a COF appeal application to DHE *DOES NOT* exempt you from paying all tuition and fees generated by the institution. All tuition and fees must be paid in full by the applicable institutional deadline. However, upon approval of a COF appeal from DHE, your tuition and fees will be re-calculated and COF hours will be adjusted. DHE will notify College Assist (CA) and your institution of these changes.

For students who request but are denied an institutional appeal, a copy of the letter that notifies the student of denial for the institutional appeal must be attached to the DHE APPEAL FORM.

Appeal Criteria

According to Colorado Revised Statutes, students who meet the following qualifications may receive a stipend from the College Opportunity Fund:

- Students “enrolled at a state institution and ... classified as an in-state student for tuition purposes” (C.R.S. 23-18-102(5)(a))
- Students who have applied and been accepted into the COF program (C.R.S. 23-18-202(5)(a))
- Students who have requested that a payment from the COF is made on their behalf to the institution(s) they are attending (C.R.S. 23-18-202(5)(a))
- Students who are classified as undergraduate students and have not exceeded their lifetime-credit-hour limitation (145 hours) or have already completed their baccalaureate degree and are eligible to receive stipend payments for an additional 30 undergraduate credit hours (C.R.S. 23-18-202(5)(c)(I))

In general the Department of Higher Education (DHE) will only grant appeals to students who were billed incorrectly due to a mistake made by an institution or the COF administrator. Failing to apply, authorize, or provide necessary information for the COF stipend when sufficient notification to do so was provided, are not grounds for an appeal.

Multiple sources will be consulted on each appeal, including the supporting or opposing facts submitted by the appropriate institutional offices and/or individuals. Students are welcome to submit documentation they deem relevant to their appeal. This can include information or statements provided by their home institution relating to an appeal. If any additional documentation is required, the Department will notify you via regular mail, email, or telephone.

The decision of DHE is final and cannot be appealed.

DHE COLLEGE OPPORTUNITY FUND APPEAL FORM
(Please use black or blue ink)

Section 1: Student Information

Student ID (SSN)	
Student Birth Date	
Last Name	
First Name	
Mailing Address	
City, State, Zip Code	
Day time telephone number	
Email address	
Institution Name	

Section 2: Justification

On a separate page, please describe the reason(s) that you are applying for an appeal for the College Opportunity Fund stipend. This explanation should clearly show how you meet the circumstances described above in the Appeal Criteria section.

Attach any documentation as noted in the instructions.

Section 3: Course information

I am appealing to the Colorado Department of Higher Education for the College Opportunity Fund (COF) stipend. I am requesting that the Department grant my appeal for _____ total credit hours. I am specifically appealing for the COF stipend for the following courses:

- Course Number: _____ Term: _____ Credits: _____

Section 4: Certification Statement

- I certify that to the best of my knowledge the information included in this appeal application is accurate, true, and unaltered. If false information or falsified supporting documentation is found to have been included in this appeal application, the request becomes void, and the resultant action becomes retroactively nullified.
- I understand that I am responsible for the student share of tuition, plus applicable fees, for all hours taken.

Student Signature

Date