

COLORADO COMMISSION ON HIGHER EDUCATION LIFETIME CREDIT HOUR LIMITATION WAIVER

A waiver from the lifetime credit hour limitation granted by the Colorado Commission on Higher Education (CCHE or the Commission) shall only be valid for courses needed to complete in order to meet the requirements for the degree program in which the student is enrolled at the time he/she applied for the waiver.

Instructions

- Fill out all forms completely and legibly; No in-person appeals will be considered.
- Any documentation supporting your claim should be submitted with this form. *All information submitted will remain confidential.*
- Your waiver request 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.
- **No waiver of the COF Lifetime Credit Hour Limitation will be considered unless you have already applied and received or been denied a waiver from the institution you are attending.**
- Return the attached form CCHE WAIVER REQUEST FORM FOR EXTENSION OF COLLEGE OPPORTUNITY FUND LIFETIME CREDIT HOUR LIMITATION and all supporting documentation to: Colorado Commission on Higher Education, 1380 Lawrence Street Suite 1200, Denver, CO 80204-2059, Attention: COF Waivers

Please note that applying for the institutional waiver will *always precede* applying for a waiver from CCHE. Also, submitting a COF waiver request from CCHE *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 waiver from CCHE, your tuition and fees will be re-calculated and COF hours will be adjusted. CCHE will notify the Colorado Student Loan Program (CSLP) and your institution of these changes.

For students who request but are denied an institutional waiver, the request for a CCHE waiver from the lifetime credit hour limitation must be submitted within 30 days of the date the institution notifies the student that he/she was denied an institutional waiver.

The Commission will grant or deny the request for a waiver and notify the student within 30 days of receiving the request. The Commission will also notify the student's institution and the Colorado Student Loan Program (CSLP) of its decision.

Criteria

According to C.R.S. 23-18-202(5)(e)(I-IV), the Commission may only grant a waiver under the following circumstances:

- The student has extenuating circumstances that exist related to his/her health or physical ability to complete the degree program within the lifetime credit hour limitation;
- The student's enrolled degree program requires more than 120 credit hours to complete and the Commission has approved this program;
- While the eligible undergraduate student was enrolled in a specific degree program, the Commission approved and the institution implemented an alteration of degree requirements or standards for the specific degree; or
- Requiring the eligible undergraduate student to pay the full amount of Total Tuition for credit hours that exceed the limitation would cause substantial economic hardship on the student and/or the student's family.

In addition to the waiver request form and relevant supporting documentation, the following information may also be reviewed as part of the waiver process request:

1. Review of the student's academic transcript, including changes in major, course withdrawals, etc;
2. Statement from the student's academic advisor indicating that additional hours are required beyond the 145 credit hour limit in order for the student to complete the degree program in which he/she is enrolled;
3. Documentation from CCHE and/or the applicant's institution to confirm specific degree requirements; and
4. Documentation from the student's prior application for an institutional waiver to the COF Lifetime Credit Hour Limitation.

Waiver Criteria	Documentation <i>All Information Submitted will remain Confidential.</i>
Extenuating circumstances related to student's health or physical ability to complete degree program	Dated letter from the attending physician on letterhead, containing the general nature of your illness/injury, relevant dates, severity, and why you could not attend school
Enrolled degree program requires more than 120 credit hours to complete and is approved by CCHE	Documentation from student advisor indicating the requirements for program completion.
Change in major or degree requirements due to CCHE degree program approval	Documentation from student advisor indicating the new requirements for program completion
Financial Hardship	Documentation explaining why paying <u>Total Tuition, rather than Tuition less the COF stipend</u> , would create substantial economic hardship for you or for the payer of your tuition bill.

If any additional documentation is required, you will be notified via regular mail or email.

The decision of CCHE is final and cannot be appealed. Students may apply once to the Commission for a waiver.

CCHE WAIVER REQUEST FORM FOR EXTENSION OF COLLEGE
OPPORTUNITY FUND LIFETIME CREDIT HOUR LIMITATION

PLEASE PRINT OR TYPE

Section 1: Student Information

Student ID (SSN)	
Last Name	
First Name	
Middle Initial	
Mailing Address	
City, State, Zip Code	
Day time telephone number (xxx) xxx-xxxx	
Email address	
Institution Name	

Section 2: Justification

On a separate page, please describe the reason(s) that you are requesting an exception to the College Opportunity Fund lifetime credit hour limit. This explanation should clearly show how you meet the circumstances described above in the Waiver Criteria section.

Attach documentation as noted in the instructions.

Section 3: Advisor Authorization

- I have reviewed my academic progress with my advisor. We agree that I will need to complete _____ additional credit hours in order to receive a baccalaureate degree in _____. In consultation with my advisor, I will complete the following courses in order to earn my degree:
 - Course Number: _____ Term: _____
 - Course Number: _____ Term: _____

- Course Number: _____ Term: _____
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- Course Number: _____ Term: _____
- Course Number: _____ Term: _____
- Course Number: _____ Term: _____
- Course Number: _____ Term: _____

- Advisor Name _____
- Advisor Phone _____
- Advisor email address _____
- Advisor signature _____

Section 4: 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 in this waiver request, the request becomes void, and the resultant action becomes retroactively nullified.
- I understand that if this COF waiver is approved by CCHE, it is a one-time waiver to the 145 COF lifetime credit hour limit and is only valid for the course work needed to complete the degree program in which I am enrolled.
- I understand that I am responsible for the student share of tuition, plus applicable fees, for all hours taken under the CCHE waiver.
- I certify that I previously applied for a waiver to the lifetime credit hour limitation from the institution in which I am enrolled and either received the one-year waiver and need additional courses in order to earn my degree or was denied the one-year waiver.

Student Signature

Date