

**COLORADO COMMISSION ON HIGHER EDUCATION  
LIFETIME (145) CREDIT HOUR LIMITATION WAIVER**

A waiver from the College Opportunity Fund (COF) lifetime (145) 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**

- Students must request an institutional waiver prior to seeking a Commission waiver. **Students who are denied an institutional waiver must include a copy of the letter that notifies the student of denial.**
- Students must fill out all forms completely and legibly; no in-person or telephone waiver requests will be considered.
- Any documentation supporting a claim should be submitted with this form. *All information submitted will remain confidential and will not be retained by the Department.*
- Request will be considered based on the materials that provided, including the supporting or opposing facts submitted by the appropriate institutional offices and/or individuals.
- Return the attached form and all supporting documentation to:

Colorado Commission on Higher Education  
1560 Broadway, Suite 1600  
Denver, CO 80202  
Attention: COF Waivers

OR Fax to 303-866-4266

Please note that submitting a COF waiver request *DOES NOT* exempt students from paying all tuition and fees generated by the institution. All tuition and fees must be paid in full by the applicable institutional deadline.

**The Commission will grant or deny the request for a waiver and notify the student of the outcome. The Commission will also notify the student's institution and the College Assist of its decision.**

## Waiver Criteria

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

<b>Waiver Criteria</b>	<b>Documentation</b> <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 complete coursework.
Enrolled degree program that requires more than 120 credit hours to complete and is approved by CCHE	Documentation from student advisor indicating the requirements for program completion.
While the 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	Documentation from student advisor indicating the new requirements for program completion
Requiring the 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	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, notification will be sent via regular mail, e-mail or telephone.

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



- 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, is only valid for the number of credit hours for which the waiver is approved, and I am responsible for my total tuition (student Share + COF stipend) for any additional credit hours beyond the approved waiver.**

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Student Signature

Date