

**COF MAX HOURS APPEAL**

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

CMU Student ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

 Address: \_\_\_\_\_  
Last First  
Street City State Zip

Day-Time Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Colorado Mesa University has the right to grant/deny a one-time, one-year waiver. Please follow the steps below.

1. Identify the reason you are requesting additional COF credit hours.
  - \_\_\_\_\_ **Recent medical condition** – Requires documentation from doctor/physician
  - \_\_\_\_\_ **Family emergency (death, illness)** – Requires death notice or documentation from physician
  - \_\_\_\_\_ **Seeking courses for job retraining** – Requires personal statement with past/future goals
  - \_\_\_\_\_ **Change in major/degree requirements** – Requires personal statement with past/future goals
  - \_\_\_\_\_ **Financial hardship** – Requires written statement from the person paying your tuition
2. On a separate typed page, write a personal statement with more detail on the reasons checked above.
3. Fill out the program sheet for your major. Meet with your advisor to determine how many additional credit hours are required for your degree plan. Please list the semester(s) you will need the waiver and how many credits you will need:

Semester	Credit Hours	Advisor's Name: _____
Fall 20_____	_____	Advisor's Signature: _____
Spring 20_____	_____	
Summer 20_____	_____	
Total Credit Hours Needed	_____	

4. Submit this form, the required documentation from step one, your typed personal statement, and the filled out copy of your program sheet. Failure to provide all documents could result in denial of the appeal.

**Certification Statement:**

- I certify to the best of my knowledge the information included in this waiver is accurate and true.
- I understand that if this COF institutional waiver is approved, it is a one-time waiver of the COF lifetime hours limit, and all hours approved must be completed within the terms specified.
- I understand that if I do not finish the course work as outlined above, I must pay full tuition (without COF stipend credit) for all hours in excess of the hours added to my COF lifetime limit.

 \_\_\_\_\_  
 Student Signature

**For Waiver Committee/Office Use Only**

_____ Waiver denied – criteria not met	Academic Transcript Review _____
_____ Waiver denied – waiver limit met, CCHE waiver possible	Program Sheet/CAPP Review _____
_____ Waiver approved – credit hours granted: _____	Advisor Review _____
Start Term _____ End Term _____	Students Account Review _____

As of date: \_\_\_\_\_ COF Hours Used: \_\_\_\_\_ COF Hours Remaining: \_\_\_\_\_ Data Input Date/Initials \_\_\_\_\_