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

PLEASE PRINT
Completed Form should be turned into the APAA Office

Student ID#: ____________________________ Date: __________________

Name (Last, First, MI) ____________________________________________

Daytime Telephone __________________________ E-mail __________________________

• I have reviewed my academic progress with my advisor. We agree that I need to complete _______ additional credit hours to receive a baccalaureate degree. I will complete these hours over the following consecutive semesters:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Anticipated Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>_________________________</td>
</tr>
<tr>
<td>2</td>
<td>_________________________</td>
</tr>
<tr>
<td>Summer</td>
<td>_________________________</td>
</tr>
</tbody>
</table>

Advisor: __________________________ Signature __________________________

Phone __________________________ E-mail __________________________

• On a separate page, describe the reason(s) you are requesting an exception to the 145 credit hour limit.

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, the request will become void and the resultant action will be retroactively nullified.
• I understand that if this COF institutional waiver is approved, it is a one-time waiver of the 145 COF lifetime hours limit, and all hours approved must be completed within the semesters specified by the Waiver Committee.
• I understand that if I have not received a baccalaureate degree at the end of the waiver period and choose to continue my course work, I must pay full tuition (without COF stipend credit) for all hours in excess of the hours added to my COF lifetime limit.
• I understand that, if I have exhausted the institutional waiver, I can apply for a waiver through the Colorado Commission on Higher Education (CCHE).

Student Signature __________________________ Date: __________________

For Waiver Committee /Office Use Only

Waiver denied – criteria not met CAPP Review __________
Waiver denied – waiver limit met, CCHE waiver possible Advisor Review __________
Waiver approved – credit hours granted: __________. Student Accounts Review __________
Start Semester __________ End Semester __________

As of date: __________________________ COF Hours Used: __________________________
COF Hours Remaining: __________________________