Admissions, Registration & Records Confluence - Room 114

Campus Box 201 P.O. Box 173363 Denver, CO 80217 Fax: 303-556-2431 Phone: 303-556-2420 Email: arr@ccd.edu



COF Waiver Request

Name:			
First	M.I.	Last	
S#: S	Phone #:		
Email:Your official CCD email account is the only email	CCD will accept for corres	pondence.	@student.cccs.edu
I affirm that I have read, understand, and agree to Student Acknowledgement: I understand that this temporal contents of the content of the c			
Student: Print Name		Signature	Date
he College Opportunity Fund grants 145 stipe oes over their 145-hour lifetime-credit-hour can avaiver. If the school cannot grant a waiver or egree, the student can then apply to CCHE for If there are extenuating circumstances in the content of	ap, the student may the student needs a a waiver. The law all related to the student'	apply to their college for additional hours to compose for CCHE to grant we shealth or physical ability	or a one-time, one yea plete an undergraduat vaivers to a student:
 student's ability to complete the degree If the degree program, as approved by the credit hour limit allows; or 			complete than the 145
 If the student is enrolled in a specific de specific program's degree requirements 		CHE approves and the co	ollege changes a
If requiring that an eligible undergradua that exceed the limitation causes substa			
tudents seeking this waiver must meet with a Fount nust submit their request in writing.	Program Advisor/Gen	eral Advisor to develop a	an Academic Plan and
Degree Works is attached from your P and credits must be used in order to obstudent Request Letter is attached (let in the allotted 145 hours, how they will this time).	otain a degree. Iter must address why	student was unable to o	complete their program
Program Advisor/General Advisor Recommend	dation/Comments:		
Waiver Hours approved (no more than 30):			
Program Advisor/General Advisor Approval:			
Print Name		Signature	Date
	Internal Use Only	/	